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County Borough of Dudley

HEALTH AND WELFARE SERVICES 1968



COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

DIRECTOR OF WELFARE SERVICES

G. M. REYNOLDS M.B., B.Ch., B.Sc., D.P.H.

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Constitution of Committees for the year 1968/69

HEALTH COMMITTEE

Councillor B. A. Meredith (Chairman)

Councillor R. J. Allcock (Vice-Chairman)

The Mayor	Councillor Miss M. E. Moss
The Deputy Mayor	Councillor C. G. Murray
Alderman J. C. Price	Councillor J. F. O'Neill
Councillor G. W. Beswick	Councillor F. Overton
Councillor Mrs. B. M. Baker	Councillor Dr. K. C. Rogers
Councillor S. Fairfold	Councillor J. D. Skelding
Councillor W. G. K. Griffiths	Councillor H. O. Smith
Councillor J. D. Kendall	

(Members of the Council)

Dr. R. J. H. Guy	) Appointed by Dudley Executive
Dr. F. G. Lewis	) Council
Mr. T. E. Bennett)
Mrs. D. Crump	Appointed by Local Hospital Management Committee
Mrs. W. D. Meredith	Mrs. S. I. Parish

(Co-opted Members)

WELFARE COMMITTEE

Councillor C. G. Murray (Chairman)

Councillor Mrs. B. M. Baker (Vice-Chairman)

The Mayor	Councillor M. J. C. Elwell
The Deputy Mayor	Councillor J. W. Garratt
Alderman J. L. Billingham	Councillor P. A. G. Hollins
Alderman J. P. Fithern	Councillor Dr. C. R. Kenchington
Alderman H. N. Hayden	
Alderman Mrs. L. Hingley	Councillor D. E. Shaw
Alderman Mrs. M. Pargeter	Councillor W. Timmins
Councillor K. W. J. Bradley	Councillor Mrs. E. D. Winship

(Members of the Council)

Mrs. W. A. Allport

Mrs. J. G. Rowley

Mrs. E. A. Duesbury

Mrs. F. T. Webb

Mrs. E. Moore

Mrs. G. S. Grange

**EDUCATION SCHOOLS AND SPECIAL SERVICES
SUB-COMMITTEE**

The Mayor	Councillor Mrs. G. Homer
The Deputy Mayor	Councillor Mrs. R. E. Dangerfield
Alderman J. Jones	
Alderman E. Morris	Councillor W. G. K. Griffiths
Alderman J. T. Wilson	Councillor D. Harty
Councillor W. Timmins	Councillor W. T. Harris
Councillor M. J. C. Elwell	Councillor R. J. Griffiths
(Members of the Council)	
Mr. R. Handley	Canon Stevens
Mrs. W. J. Love	Rev. McManus
Mr. R. G. Hough	Rev. Fisher
(Co-opted Members)	

HEALTH AND WELFARE STAFF**as at 31st December, 1968**

Medical Officer of Health	...	G. M. Reynolds, M.B., B.Ch., B.Sc., D.P.H.
Deputy Medical Officer of Health		J. A. McKinnon, M.D., M.B., Ch.B., D.P.H.
First Senior Medical Officer	...	M. Kerrigan, B.A., M.B., B.Ch., B.A.O., D.P.H.
Senior Medical Officers	...	2 Vacancies
Medical Officers	...	D. E. George, M.B., Ch.B. M. Passi, M.B., B.S., D.P.H. J. R. B. Gibson, L.R.C.P., L.R.C.S., L.R.F.P.S. B. Clarke, M.B., Ch.B. B. D. Hill, M.B., Ch.B. G. J. O'Connor, M.B., B.Ch., B.A.O., N.U.I. M. N. Rose, M.B., Ch.B.
Ear, Nose and Throat Consultant		G. O. Clarke, F.R.C.S.
Consultant Chest Physician	...	A. W. B. MacDonald, B.Sc., M.D.
Consultant Child Psychiatrist	...	D. T. Maclay, M.D., D.P.M.
Consultant Ophthalmologists	...	L. H. G. Moore, M.B., Ch.B., D.O.M.S. J. A. Cox, M.N., B.S., D.O.
Consultant Orthopaedic Surgeon		J. A. O'Garra, M.Ch., Orthop., F.R.C.S.
Consultant Obstetrician	...	J. A. Nagle, M.B., B.Ch., B.A.O. D.P.H.
Chief Dental Officer	...	Mrs. J. P. McEwan, L.D.S., R.F.P.S.
Senior Dental Officers	...	Miss J. Caswell, B.D.S., L.D.S., R.C.S. P. M. Harrison, B.D.S.
Dental Officers	...	A. W. Parkes, M.B., Ch.B., B.D.S. Miss A. Twardy, L.D.S., R.C.S.(E)

		E. B. Cheffins, L.D.S.
		M. Baguant, L.D.S., R.C.S.
		R. T. Uren, B.D.S.
		D. C. Martin, B.Ch.D., L.D.S.
Dental Auxiliary	...	1
Dental Surgery Assistants	...	7
Principal Nursing Officer	...	Miss M. Le Manquais, S.R.N. R.S.N., S.C.M., M.T.D., H.Vs Cert.
Superintendent Health Visitor	...	Miss A. Lamb, S.R.N., S.C.M., R.S.I., H.Vs. Cert.
Combined Health Visitors and School Nurses (Full-time)		17
Combined Health Visitors and School Nurses (Part-time)		10
School/Clinic Nurses (Full- time)	...	11
Tuberculosis Health Visitor	...	1
Student Health Visitors	...	4
Non-Medical Supervisor of Mid- wives	...	Miss G. M. Davies, S.R.N., S.C.M. Prem.Baby Cert.
Domiciliary Midwives (Full- time)	...	19
Domiciliary Midwives (Part- time)	...	7
Superintendent Home Nurse	...	Miss P. Lawton, S.R.N., Queens Nurse
District Nurses (Full-time)	...	26
District Nurses (Part-time)	...	3
Nursing Auxiliaries (Part-time)		6
Domestic Help Organiser	...	Miss D. M. Cassere
Assistant Organiser	...	1
Domestic Helps	...	the equivalent of 70 Full-time.
Chief Chiropodist	...	R. G. Matthews
Chiropodist (Full-time)	...	1
Chiropodists (Part-time)	...	6

Senior Speech Therapist	...	Miss E. M. Hurford
Speech Therapists (Part-time)	2	
Orthoptist (Part-time)	...	1
Audiology Technician (Full-time)	...	1
Chief Welfare Officer	...	J. Berry
Case Work Organiser	...	1
Senior Social and Mental Welfare Officer	...	1
Social and Mental Welfare Officers	...	7
Welfare Officer for the Blind	1	
Welfare Officer for the Deaf	1	
Trainee Welfare Officers	...	4
Welfare Assistants	...	2
Occupational Therapists/ Handicraft Instructresses	...	2
Homes Officer	...	1
Matrons of Residential Homes	9	
Assistant Matrons	...	6
Training Centre Supervisors		
Dixons Green	...	Mrs. I. M. Cooper
Audnam	...	C. M. Kelcey
Assistants and Instructors	...	17
Chief Veterinary Officer	...	D. Howie, M.R.C.V.S., D.V.S.M.
Meat Inspectors	...	6
Chief Public Health Inspector	...	W. Parker, M.R.S.H., M.A.P.H.I. M.Inst. P.C., Cert. S.I.B.
Deputy Chief Public Health Inspector	...	W. H. Bowman, M.R.S.H., M.A.P.H.I. Cert. S.I.B.
Assistant Chief Public Health Inspector	...	C. H. Crawford, M.A.P.H.I.
Chief Divisional Public Health Inspector	...	H. R. Fry, M.A.P.H.I., M.R.S.H., A.C.I.S.

Divisional Inspectors	...	...	3
District Inspectors	...	...	6
Housing Inspectors	...	...	3
Food Inspectors	...	...	3
Additional Inspector	...	...	1
Meat Inspector	...	...	1
Technical Assistant	...	...	1
Pupil Public Health Inspectors		2	
Principal Administrative Assistant	...	...	J. W. Trinder, A.R.S.H., A.R.I.P.H.H.
Deputy Principal Administrative Assistants	...	...	2
Senior Administrative Assistants		2	
Other Administrative and Clerical Staff	...	...	44 (Full-time)
		12 (Part-time)	

F O R E W O R D

The estimated mid year population of the Borough for 1968 was 179,510, which is an increase of 1,750 over the previous year. As deaths outnumbered births by 20 this increase occurred by a movement of population into the Borough from outside. The live birth rate of 20.28 per thousand population is well above the national figure of 16.9. There were 173 illegitimate live births, an increase of 31 over the previous year. The infant mortality rate of 18.13 was a little higher than the national rate of 18.0 as was the perinatal mortality rate (still births and deaths under one week combined per 1,000 total live and still births) of 26.56 compared with 25.0.

The notification of tuberculosis was the lowest since 1962 and the number on the register continued to fall. No patients were notified as suffering from poliomyelitis or smallpox but there was one case of typhoid fever.

For the first time vaccination against measles was available to susceptible children 3693 of whom had been vaccinated by the end of the year. The scheme for vaccination and immunisation by appointment introduced during 1967 was continued with very satisfactory results. An analysis of the immunisation state of all children born in 1967 who were living in the Borough at the end of 1968 showed that 82% (78%) had been protected against diphtheria, 80% (76%) against whooping cough, 82% against tetanus and 81% (74%) against poliomyelitis. In addition, 57% (38%) had been vaccinated against smallpox. The national figures are given in brackets.

A personal radio-telephone service for midwives and for social and mental welfare officers was introduced in April 1968. Better use was made of staff time and midwives especially felt less isolated in their work as it was easy for them to summon medical aid without leaving the bedside. In addition, social and mental welfare officers on call during the day no longer had to remain in the office awaiting emergency calls, but were able to do their routine work on the district. A number of General Practitioners in the Borough showed an interest in the service and it was possible for four of them to be given a portable radio-telephone. The General Practitioner using the service can be contacted rapidly by his home or surgery when he is on his domiciliary visits, and should he require an ambulance, this can be summoned from the patient's bedside. The Ambulance Control Centre staff act as control for this service and the Department is indebted to them for their interest and assistance.

Although there are no Health Centres in the Borough a number are being planned in co-operation with Medical and Dental Practitioners. In the meantime, 13 General Practitioners held their surgeries in four of the Local Authority clinics. Two of these will be extended and made into Health Centres, and a third will be replaced by a purpose-built Centre. These arrangements allow General Practitioners and Local Authority staff to work more closely together and as anticipated the two services

have worked well together. In addition, and by arrangement with General Practitioners working in their own premises a number of the nursing staff of the Department have been attached to individual practices. By the end of the year 3 Health Visitors and 2 Home Nurses were working in this way. It was not possible to make similar arrangements for midwives because of staff shortage. However, 3 midwives from the catchment area of one group practice conducted their ante-natal clinics at the same time as the General Practitioners and worked closely with them.

The Health Services and Public Health Act 1968 made it the duty of every Local Health Authority to provide a Home Help service on such a scale as is adequate for the needs of the area. However, a circular from the Ministry of Health received in April stated that in the light of the economic situation it had been decided to defer indefinitely the bringing of this section of the Act into force. In Dudley the demand for the service continued to grow but because of the limited money available it was not possible to meet all requests. For the first time for many years a waiting list developed and priority was given to those most in need.

In June a circular was received from the Ministry of Health drawing attention to the undoubted dental benefits which were obtained as a result of fluoridation of public water supplies. Local Authorities who had not already done so were strongly urged to adopt this measure at the earliest possible date. This matter was considered by the Health Committee and the Council when it was resolved that no action be taken. A fuller account of the history of fluoridation in Dudley was given in my Report for 1967.

This year has been a year of difficulties because of the shortage of medical staff, and for the greater part of the year there were vacancies for two senior medical officers so that it was only possible to maintain the essential aspects of the work by curtailing many well established services. Towards the end of the year routine medical inspections were restricted to 5 year old children, and the examination of school leavers was discontinued. In addition, the medical examination of children at the age of 10 which was curtailed last year was completely discontinued. There were special difficulties in the ascertainment of the educationally sub-normal children as for the greater part of the year only two full-time doctors were trained to carry out this work. A third doctor, who had recently retired, was employed on a part-time basis to assist in this work in June. It was therefore, necessary to review the programming for the ascertainment of the educationally sub-normal children, and the following arrangements were made:

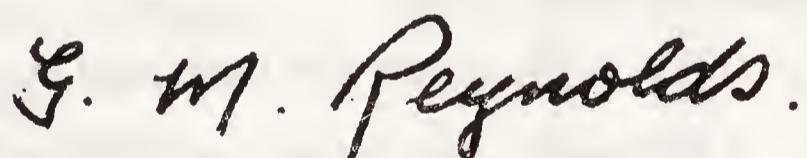
- (1) No child with an I.Q. over 70, as calculated by the Educational Psychologist, to be referred to the Department.
- (2) No child over the age of 10 to be referred to the Department unless there were special difficulties.

- (3) Pupils ascertained as educationally sub-normal should not routinely be examined on leaving school to see whether they needed care and guidance unless special circumstances make this necessary.

As a result there was a 25% reduction in the examination of pupils considered to be educationally retarded, and in addition to this by the end of the year there were a further 109 pupils waiting to be seen. Minor ailments clinics were also discontinued and replaced by special medical clinics where pupils were seen by appointment only. It was also necessary to ask general practitioners to carry out the medical supervision at the Remand Home and Children's Homes.

The cost of the Health, Welfare and School Health Services for the financial year 1968/69 was £754,784. The following three projects were commenced during the year: a Training Centre at Russells Hall for 180 mentally handicapped children under the age of 16, an Old People's Home at Coseley with 48 places, and adaptations to a former home for unmarried mothers to make it suitable for the accommodation of 15 elderly people. Further projects included in the Capital Building Programme are a Home at Sedgley for 48 old people needing residential accommodation, a Central Handicraft Centre, a Health Centre at Brierley Hill and a clinic capable of extension into a Health Centre at Wordsley Green. In addition it is planned that two purpose built clinics where General Practitioners are already holding their surgeries should be extended into Health Centres. There is also a need for residential accommodation for the elderly mentally confused, and a wing for 12 such residents is being planned as an extension to Albert House Old People's Home. The total cost of the capital programme is approximately £722,200.

I am grateful to the Chairman and Members of the Health, Welfare and Education Committees and their Sub-Committees for their continued support, interest and encouragement.



Medical Officer of Health,
Director of Welfare Services and
Principal School Medical Officer

VITAL STATISTICS

Population—Registrar General's estimate, 1968	...	179,510
Rateable Value (at 1st April, 1968) ...	...	£7,640,131
Estimated Product of 1d. Rate (1968/69) ...	...	£31,900

Live Births:

		M.	F.	Total
Legitimate	...	1853	1614	3467
Illegitimate	...	95	78	173
		—	—	—
		1948	1692	3640
		—	—	—

Rate per 1,000 population 20.28

*(16.9)

Illegitimate live births per cent of total live births 4.75

Stillbirths

		M.	F.	Total
Legitimate	...	29	18	47
Illegitimate	...	1	2	3
		—	—	—
		30	20	50
		—	—	—

Rate per 1,000 total live and still births 13.55

*(14)

Total Live and Still Births:

M.	F.	Total
1978	1712	3690

Infant Deaths (Deaths under 1 year):

	M.	F.	Total
Legitimate	...	33	26
Illegitimate	...	4	3
	—	—	—
	37	29	66
	—	—	—

Infant Mortality Rates:

Total infant deaths per 1,000 total live births ... 18.13

*(18)

Legitimate infant deaths per 1,000 legitimate live births 17.02

Illegitimate infant deaths per 1,000 illegitimate live births 40.46

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) 14.01

*(12.3)

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) 13.18

*(10.5)

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) 26.56

*(25)

Maternal Mortality (including abortion)

Deaths	...	...	...	...	...	<hr/>
Rate per 1,000 total live and stillbirths						<hr/>

Deaths:

M.	F.	Total	
1048	835	1883	

Death Rate per 1,000 population:

12.48
*(11.9)

*The National Rates are shown in brackets.

Deaths From All Causes

		M.	F.	Total
Enteritis and other diarrhoeal Diseases	...	3	1	4
Tuberculosis of Respiratory System	...	2	2	4
Other Tuberculosis, incl. late effects	...	1	—	1
Syphilis and its sequelae	...	1	—	1
Other Infective and parasitic diseases	...	2	1	3
Malignant Neoplasm — Stomach	...	28	17	45
Malignant Neoplasm — Lung, Bronchus	...	92	10	102
Malignant Neoplasm — Breast	...	—	32	32
Malignant Neoplasm — Uterus	...	—	10	10
Leukaemia	...	8	4	12
Other Malignant Neoplasms, etc.	...	96	68	164
Benign and Unspecified Neoplasms	...	1	3	4
Diabetes Mellitus	...	6	12	18
Other Endocrine etc. Diseases	...	1	8	9
Anaemias	...	1	5	6
Other Diseases of Blood etc.	...	2	1	3
Other Diseases of Nervous System etc.	...	10	11	21
Chronic Rheumatic Heart Disease	...	8	15	23
Hypertensive Disease	...	25	28	53
Ischaemic Heart Disease	...	256	158	414
Other forms of Heart Disease	...	35	22	57
Cerebrovascular Disease	...	107	158	265
Other Diseases of Circulatory System	...	32	43	75
Influenza	...	1	4	5
Pneumonia	...	67	66	133
Bronchitis and Emphysema	...	128	32	160
Asthma	...	—	1	1
Other Diseases of Respiratory System	...	17	6	23
Peptic Ulcer	...	12	10	22
Intestinal Obstruction and Hernia	...	4	8	12
Cirrhosis of Liver	...	4	—	4
Other Diseases of Digestive System	...	12	6	18
Nephritis and Nephrosis	...	4	6	10
Hyperplasia of Prostate	...	5	—	5
Other Diseases, Genito-Urinary System	...	6	12	18
Diseases of Musculo-Skeletal System	...	—	5	5

Congenital Anomalies	7	8	15
Birth Injury, Difficult Labour etc.	...	...	17	13	30
Other Causes of Perinatal Mortality	...	7	3	10		
Symptoms and III-Defined Conditions	...	2	8	10		
Motor Vehicle Accidents	...	...	11	2	13
All other Accidents	...	...	19	30	49
Suicide and Self-Inflicted Injuries	...	8	4	12		
All other External Causes	...	...	—	2	2
			—	—	—	
			1048	835	1883	
			—	—	—	

Deaths

There were 1,883 deaths giving a death rate of 12.48 compared with the National rate of 11.9.

The six most common causes of death were as follows:

Ischaemic Heart Disease	...	...	...	...	414
Cerebrovascular Disease	...	...	...	...	265
Malignant Neoplasms, other than of Lungs and Bronchus	...	...	...	...	251
Bronchitis and Emphysema	...	...	...	...	160
Pneumonia	...	...	...	...	133
Malignant Neoplasms, Lungs and Bronchus	...	...	...	...	102

13 deaths — a reduction of six on the previous year — were due to motor vehicle accidents and 49 to other accidents. There were 12 suicides.

Birth Rate

There were 3,467 legitimate live births and 173 illegitimate live births during the year. The Birth Rate of 20.28 is well above the National Rate of 16.9: the corresponding figures for 1967 were 17.00 and 17.2 respectively.

Infant Mortality and Stillbirths

Deaths of infants under one year of age totalled 66, giving an infant mortality rate of 18.13 compared with 18 for the country generally.

There were 50 stillbirths, giving a stillbirth rate of 13.55, slightly lower than the national rate of 14.0.

Premature Infants

During 1968 there were 253 premature live births and 29 premature stillbirths, compared with 224 and 34 respectively in the previous year.

21 premature infants born at home were nursed entirely at home whilst 11 were transferred to hospital. The balance of 221 were born in hospital. 21 babies died within the first 24 hours and a further 9 between the second and seventh days.

Congenital Malformations Observable at Birth

Congenital malformations were reported in 40 live births and 9 still births. The number of malformations notified was 57 and these were classified as follows:

Central Nervous System	...	...	...	14
Eye, Ear	...	...	...	1
Alimentary System	...	...	...	10
Heart and Great Vessels	...	...	...	2
Respiratory System	...	...	...	1
Uro-Genital System	...	...	...	3
Limbs	...	...	...	20
Other Skeletal	...	...	...	1
Other Systems	...	...	...	1
Other Malformations	...	...	...	4

INFECTIOUS DISEASE

In October the Public Health (Infectious Diseases) Regulations, 1968, came into operation and as well as changes being made in notification procedures, the list of notifiable diseases was amended. The powers of Medical Officers of Health to vaccinate and immunise contacts of persons suffering from notifiable diseases were extended, although the Minister expected that normally these provisions would apply in the case of diphtheria, poliomyelitis, smallpox, whooping cough and measles only. The Act also provided for the medical examination, under an order of a Justice of the Peace, of a person whom the Medical Officer of Health certified he suspected to be carrying an organism which was capable of causing a notifiable disease. Copies of the regulations, together with an explanatory note, were sent to all General Practitioners practising in the County Borough.

Notifications of Infectious Disease were received as follows during 1968:

	... ...	... ...	... ...	Numbers Notified		Admitted to Hospital
				M.	F.	
Scarlet Fever	...	...	...	10	8	—
Whooping Cough	...	...	...	7	15	1
Measles	...	..	...	239	263	1
Pneumonia	..	...	...	1	—	—
Dysentery	...	...	...	8	1	2
Food Poisoning	...	...	...	10	16	10
Meningitis	...	...	...	1	—	1
Ophthalmia Neonatorum			...	2	—	—
Infective Jaundice	...		...	3	6	—
Typhoid	...	...	...	1	—	1
Post Infective Encephalitis			..	—	1	1

No patient was notified as suffering from poliomyelitis or smallpox.

Typhoid Fever

One case of Typhoid Fever was notified during the year. This was an adult, who had lived in this country for ten years. He was admitted to a General Hospital with a history of intermittent gastric pain and transferred to an Isolation Hospital after a blood test had been found to be positive. It was not possible to trace the source of infection.

Tuberculosis

The number of notifications of Tuberculosis received in the last five years is as follows:

			Respiratory	Non-Respiratory	Total
1968	...	...	27	10	37
1967	...	...	43	13	56
1966	...	...	35	6	41
1965	...	...	34	8	42
1964	...	...	35	4	39

New Cases Notified

Age Groups	0—	1—	5—	15—	45—	65—	Total (all ages)
Respiratory:							
Males	...	1	1	—	5	7	—
Females	...	—	2	1	7	1	2
Non-Respiratory							
Males	...	—	—	—	3	2	—
Females	...	—	—	—	4	1	—

37 new cases of Tuberculosis were notified during the year. In three instances patients originally diagnosed as having the disease elsewhere moved into the County Borough to live. There were 10 outward transfers. Of the new notifications, 7 occurred in Asian immigrants, as also were 2 of the three inward transfers.

The number of persons on the register on the 31st December is given for the last five years:

			Respiratory	Non-Respiratory	Total
1968	...	...	854	127	981
1967	...	...	881	125	1006
1966	...	...	903	118	1021
1965	...	...	389	48	437
1964	...	...	382	41	423

The following is an analysis of deaths due to Tuberculosis:—

Age Groups	0—	1—	5—	15—	45—	65—	Total (all ages)
Respiratory:							
Males ...	—	—	—	3	1	—	4
Females ...	—	—	—	—	—	—	—
Non-Respiratory							
Males ...	—	—	—	—	—	—	—
Females ...	—	—	—	—	—	—	—

In addition 10 patients on the register died from other causes.

One Tuberculosis Visitor continued to be responsible for visiting all cases of Tuberculosis and she worked in very close co-operation with the Consultant Chest Physician's staff. Intensive follow-up and tracing of contacts is undertaken, including contacts at home, at the place of work, and at school. When necessary, arrangements are made with the Mass Miniature Radiography Unit for contacts to be X-rayed.

Immigrants were offered Heaf tests and, where necessary, B.C.G. Vaccination. If not already X-rayed on entry to the country an X-ray of the chest was offered if Heaf test was refused. All immigrants were given information on the use of the National Health Service and were encouraged to register with a general practitioner. In addition, all babies born to Asian families were offered B.C.G. Vaccination at the age of six weeks.

During the year 255 immigrants gave their destination as Dudley but it was not possible to trace 66 of these. In addition, 2 immigrants were discovered who had not given Dudley as their place of residence on entering the country. In 7 instances it was found that the place of residence was not in the Dudley area.

The following table gives further details:

JANUARY — DECEMBER 1968

Advice Notes received	...	...	...	...	...	255
Immigrants traced	...	...	...	...	...	189
Heaf Tests accepted	...	...	...	...	...	80
B.C.G. given	...	...	...	...	...	19
Immigrants X-rayed in Dudley	...	...	...	...	...	20
Immigrants already X-rayed on entry	...	...	...	...	...	28
Immigrants pregnant	...	...	...	...	...	2
Student Nurses in Hospital (given X-rays at the hospital)	...	...	...	...	...	5
Number of immigrants who did not attend for X-ray or Heaf Test	...	...	...	...	...	27
Number refused any check up	...	...	...	...	...	8
Asian babies given B.C.G. Vaccination	...	...	...	...	...	100
West Indian babies given B.C.G. vaccination	...	...	...	...	...	40

VENEREAL DISEASE

The incidence of venereal disease over the last three years is shown below:

					1966	1967	1968
Syphilis ...	...	...	...	...	5	6	5
Gonorrhoea ...	...	...	...	...	48	34	48
Non-Venereal and undiagnosed conditions ...				...	184	120	167

Facilities for treatment are provided by the Hospital Management Committee and the Treatment Centre is at the Guest Hospital, Tipton Road, Dudley, under the direction of Doctor C. R. Mayou.

Male patients who fail to keep appointments for treatment are followed up by a member of hospital staff. The Local Health Authority's Health Visiting staff, are, however, called upon from time to time to follow up defaulting female patients.

In Circular 38/68 the Ministry of Health referred to a memorandum sent to Local Authorities in November on the control of Venereal Disease. This memorandum stressed the importance of contact tracing and the Minister expressed the hope that Local Health Authorities would be able to make arrangements in co-operation with the Hospital Authorities for tracing contacts of people suffering from venereal disease. At the end of the year this matter was being discussed with other West Midland Local Authorities.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

Ante Natal Clinics

Ante Natal clinics staffed by Midwives were held at 8 centres. In addition Miss J. Nagle continued to hold a clinic at Bayer Hall.

Attendances were as follows:

		1967	1968
Number of expectant mothers	...	1153	1099
Number of attendances	...	4671	5047
Number of clinic sessions	...	451	448

Mothercraft and Relaxation Classes

Classes were held at 9 clinics as shown below:

Number of expectant mothers attending

		1967	1968
(a) Institutional Booked	...	625	694
(b) Domiciliary Booked	...	471	378
Total number attendances	...	4290	3919

Chest X-rays

Appointments were made for 1,042 women to attend for chest x-ray but out of these 62 failed to attend. No tuberculosis was discovered.

Maternity Packs

All mothers booked for home confinements continued to be supplied with a maternity pack. Those mothers who were delivered in hospital but discharged home early to the care of the domiciliary midwife were issued with a smaller standard pack. Maternity packs are carried in all ambulances for use in an emergency.

Care of Unmarried Mothers

The Local Authority make financial grants to the two organisations who share the responsibility for arranging care for unmarried mothers. These are the Worcester Diocesan Association for Family and Social Service and the Lichfield Diocesan Association for Moral Welfare.

Since the closing of Broadfield House Mothercraft Hostel last year unmarried mothers were placed in hostels outside the County Borough, the Authority assisting with the maintenance costs when this was necessary. Forty-eight Dudley cases were dealt with by Worcester Diocesan Association and Lichfield Diocesan Association dealt with a further thirty-six cases. The total cost of this service in 1968 was £545.

Infant Welfare Clinics

There are fifteen infant welfare clinics of which nine are purpose built. Welfare foods are sold at all the clinics.

Attendances during the year were as follows:—

			Total Attendances
Children born in 1968	...	...	24,418
Children born in 1967	...	...	21,700
Children born in 1963-66	...	...	8,388
			<hr/>
			54,506
			<hr/>

1,284 infant welfare sessions were held during the year and the total number of children up to the age of five years attending was 8,978.

Family Planning Clinic

In 1958 a branch of the Family Planning Association was first established in Dudley and the Council agreed to their having free use of Holly Hall Clinic on one evening a fortnight. They also agreed to members of the medical and nursing staff being given leave to take specialist training. The first clinic session was held in 1959.

The National Health Service (Family Planning) Act 1967 gave local authorities the general power to make arrangements for the giving of contraceptive substances and appliances. The Council resolved that the Family Planning Association be asked to act as their agents for the provision of family planning facilities for all persons over the age of sixteen with effect from April 1st, 1968. Because of financial restrictions however, the Authority was unable to give an adequate grant to the Family Planning Association and the services of the Association remained unchanged in that they continued to charge clients for contraceptive substances and appliances. The number of clinics has however increased in the last few years and services are available at the Central, Holly Hall and Ladies Walk clinics on four sessions each week. The three clinics are made available free of charge, and in addition the Local Authority make a small financial grant to Dudley Family Planning Association.

Nurseries and Childminders

Section 60 of the Health Services and Public Health Act, 1968 came into operation in November and amended the Nurseries and Childminders Regulation Act, 1948. The scope of the 1948 Act was extended to include premises in which children were received for a total of two hours or more in the day and persons who in their own homes, and for reward, looked after one or more children under the age of five to whom they were not related, for similar periods.

Ministry of Health Circular 37/68 on the day care facilities for children under five was also received in October, when it was emphasized that the responsibility of Local Health Authorities should continue to be limited to arranging for the day care of children who, from a health point of view, or because of deprived or inadequate backgrounds, had special needs that could not otherwise be met. It was suggested that Local Authorities could meet these needs by:—

- a) providing day care in nurseries;
- b) introducing daily guardian schemes under which selected child minders were paid a small retaining fee in return for their willingness to accept children in the priority groups placed by the Authority;
- c) providing day care by arranging for facilities to be provided by private or by voluntary organisations;
- d) urging Housing and Planning Departments to recognise the need for safe play conditions in new block of flats;
- e) using the service of selected home helps to make it unnecessary for a child to attend a nursery.

The Minister recognised that the amendment would result in additional demands on the time and services of Local Health Authority staff at a period when Authorities had been asked to keep down current expenditure. Authorities were, therefore, asked to revise the deployment of their supervisory staff to ensure that prior attention was given to those establishments which most needed it. Authorities were also asked to assess the total demand for all day care and part day care for children in the priority groups which were not satisfactorily being met by the parents themselves.

The Health Committee considered these matters in December and made the following resolutions which were confirmed by Council:—

1. That the Housing Committee be asked to reconsider their decision not to permit Day-care facilities to be provided in Council Houses.
2. That the Medical Officer of Health, in conjunction with neighbouring Authorities, be authorised to make arrangements for the necessary publicity to be given to the provisions of the Nurseries and Child Minders Regulation Act, 1948 (as amended).
3. That consideration of the provision of Day Nurseries, Day-care facilities, Daily Guardianship and Care by selected Home Helps be deferred for the time being.
4. That the Housing Committee be asked to give favourable consideration to accommodation being provided in tall blocks of flats to enable play facilities to be provided by this Committee for children living in such flats.

5. That the standards laid down by the Minister of Health with regard to accommodation and staff at premises registered under the Nurseries and Child Minders Regulation Act, 1948 (as amended) be adopted.

The table below shows the number of premises and persons registered at the end of the year. These services provided 503 places, but the number of children attending was much greater than this as many received care for either a part of the day only or for only one or two days in the week.

					1967	1968
Day Nurseries	...	...	...	...	3	4
Childminders	...	...	...	...	0	5
Play groups	...	...	...	...	8	16
Kindergarten	...	...	...	...	1	1

A number of playgroup leaders attended lectures given by the Pre School Play Groups Association and some attended courses of instruction in the Nursery Nurses training department of Bilston College of Further Education.

Dental Care

Expectant mothers, nursing mothers with babies under one year old and children under five years of age are eligible for dental examination and treatment at the clinic. Because of a lack of staff and poor response to the invitation for mothers to bring their three year old children to the clinic for dental examination and advice this service was suspended in some areas of the Borough.

A Dental Auxiliary gave a few talks to expectant mothers at the clinic and pamphlets were given on diet and oral hygiene.

Dental Health Education is also carried out by the Nursing Staff of the Department and dental posters are displayed at all the clinics.

A. Attendances and Treatment

	Children under 5 years	Expectant and Nursing Mothers
Number of visits for treatment during the year:		
First Visits	201	85
Subsequent Visits	138	259
Total Visits	339	344
 Number of Additional Courses of Treatment other than the first course commenced during year		
	48	15

Treatment provided during the year:

Number of Fillings	125	226
Teeth Filled	121	193
Teeth Extracted	403	207
General Anaesthetics given	157	20
Emergency Visits by Patients	90	34
Patients X-rayed	2	7
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	1	44
Teeth otherwise conserved	2	—
Teeth root filled:		
Inlays		—
Crowns	2	
Number of Courses of Treatment completed during the year	243	96

B. Prosthetics

Patients supplied with Full Upper or Full Lower (First time)	13
Patients supplied with other dentures	13
Number of dentures supplied	38

C. Anaesthetics

General Anaesthetics administered by
Dental Officers

—

D. Inspections

	Children 0-4 inclusive	Expectant and Nursing Mothers
Number of patients given first inspections during year	314	105
Number of patients who required treatment	212	95
Number of patients who were offered treatment	195	94

E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients:

For Treatment	...	...	...	...	...	887
For Health Education	...	...	...	...	...	2

Ophthalmic Clinic

Errors of Refraction including Squint	...	...	...	...	186
External and Other	...	...	...	...	23
<hr/>					
Spectacles prescribed	...	...	...	...	25

Orthopaedic

Massage:

Total number treated	...	...	...	...	111
Total number of treatments	...	...	...	...	379

Orthopaedic:

Seen by Surgeon	...	...	...	...	244
New Cases	...	...	...	...	64
Total Attendances	...	...	...	...	284

Sunlight:

Children treated	...	...	...	...	3
Total Attendances	...	...	...	...	16

Ear, Nose and Throat

Number seen by E.N.T. Consultant	...	...	...	...	5
Number referred for operation	...	...	...	...	—

NURSING SERVICES

For the first time since the boundary changes in 1966, there was a full complement of Nursing Administrative Staff. This consisted of a Principal Nursing Officer with overall responsibility for the Nursing Services, together with a Superintendent Health Visitor, Supervisor of Midwives and Superintendent of Home Nurses, each having the responsibility for organising their respective service on a day to day basis. This arrangement follows the pattern recommended in the report of the Committee on Senior Nursing Staff Structure in Hospitals, which will probably be adopted by Local Authorities in future. With time for supervision and teaching, the nursing officers were able to arrange for the better deployment of staff and for the co-ordination of the work of the various branches of the service which resulted in a noticeable improvement in the standard of nursing care given to patients in their own homes.

During the year, students from other disciplines visited the department in connection with their courses of training and an increasing number of Senior School Girls showed an interest in the Nursing Service and came to the department for advice.

MIDWIFERY

At the end of 1968, there were 53 midwives practising in the Borough. Of these, 28 were employed by the Authority and 25 by the Dudley and Stourbridge Hospital Management Committee.

Recruitment improved during the year and we were fortunate in being able to replace all the midwives who left. Part time midwives provided a valuable supporting role in the service as they enabled the full time midwives on duty rota to spend more time with their patients and to gain adequate rest themselves.

The introduction of pocket radio telephones was welcomed by all the midwives who felt that they were less isolated from medical aid when this was required. Mothers will also be reassured to know that the services of a doctor can be made immediately available without the midwife having to leave the bedside.

The equipment provided for the midwives was further improved by the introduction of disposable apparatus. This allowed the number of bags needed at a delivery to be reduced to one.

Deliveries Conduced by Domiciliary Midwives

The total number of deliveries was 843. In 107 cases a doctor was present at the birth. In 183 cases a doctor visited during labour but was not present at the delivery, whilst in 553 cases midwives took full responsibility for the labour and delivery.

In addition 128 mothers booked for home delivery were admitted to hospital for the following reasons:

Foetal distress	...	...	...	...	...	6
Twins	...	...	...	...	...	4
Abnormal presentation	...	...	...	...	...	7
Delay in first stage of labour	...	...	...	...	...	50
Delay in second stage of labour	...	...	...	...	...	16
Delay in third stage of labour	...	...	...	...	...	6
Post-Partum Haemorrhage	...	...	...	...	...	7
Ante-Partum Haemorrhage	...	...	...	...	...	9
Premature labour	...	...	...	...	...	10
Miscarriage	...	...	...	...	...	6
Toxaemia	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	4

Twenty five babies were admitted to hospital.

In accordance with the Rules of the Central Midwives Board midwives summoned medical aid on 225 occasions, 152 times for the mother and 73 for the baby.

The following table shows the number of women confined in hospitals and maternity homes and the day of the puerperium on which they were discharged:—

		1967	1968
24 hours after delivery	...	34	39
2 days after delivery	...	293	304
3 days after delivery	...	279	289
4 days after delivery	...	126	140
5 days after delivery	...	239	152
6 days after delivery	...	526	484
7 days after delivery	...	579	626
8 days after delivery	...	214	212
9 days after delivery	...	78	89
10 days after delivery	...	48	60
<hr/>		<hr/>	<hr/>
		2,416	2,395

It will be seen that although there were fewer confinements in hospitals than in 1967 more mothers and babies were discharged home within the first four days to be nursed by the domiciliary midwife.

Obstetric Flying Squad

A service is based at the Women's Hospital, Wolverhampton, and another at Birmingham Maternity Hospital. The service was used on two occasions both because of post partum haemorrhage and retained placenta.

Drugs and Analgesics

All midwives are equipped with Tecota inhalers. Trilene was administered to 288 women. 478 Pethilorfan injections were given.

Vandid and Oxygen sparklets are carried by all midwives for infant resuscitation.

Three teaching midwives were issued with Blease positive pressure resuscitators.

Training of Pupil Midwives

There are 4 teaching midwives on the Staff.

Owing to the impending closure of Lordswood Maternity Home only 7 pupils came to Dudley for district training. All successfully qualified.

We were fortunate in recruiting 2 of these midwives to the domiciliary service.

Post Graduate Courses and Lectures

3 midwives attended Refresher Courses in accordance with the rules of the Central Midwives Board and midwives attended lectures and study days in other authorities as well as those arranged within the Department.

4 midwives attended courses on Teaching Relaxation and Preparation for Parenthood.

Attachment of Staff to General Practitioners

It has not been possible to attach individual midwives to the practices of General Practitioners but three midwives from the catchment area of one group practice conduct an Ante-Natal Clinic at the same time as one of the General Practitioners. Mothers are usually delivered by one of the three midwives or, if confined in hospital, are nursed by one of them on discharge.

HEALTH VISITING

At the end of the year the staff consisted of 1 Superintendent Health Visitor, 2 Group Advisors, the equivalent of 23 full time Health Visitors, 11 School Clinic Nurses, 1 Tuberculosis Visitor and 4 Student Health Visitors.

2 full time and 2 part time Health Visitors resigned and despite repeated advertising they were not replaced. The shortage was partly overcome by the existing part time staff increasing their number of working sessions.

The Council's policy of recruiting Student Health Visitors was fairly successful. 2 Students returned to the Department having successfully completed their training and a further 4 were recruited to commence a course of training in September. This level of recruitment was, however, not sufficient to provide replacements for staff approaching retirement or leaving for other reasons.

Health Visitors were relieved of much routine clinic and school work by the School Clinic Nurses. Wherever possible however, the Health Visitor attended the first medical inspection at school as she often had a background knowledge of the children which was of value to the examining Medical Officer.

In addition to the existing attachments schemes involving 2 Health Visitors and 4 General Practitioners, a further attachment to a group of 3 General Practitioners was made.

The number of General Practitioners holding surgeries in Local Authority premises also increased. This meant a considerable re-organisation of accommodation and will eventually lead to an extension of the buildings into Health Centres. The greatest pressure on the service and on the premises is in the western area of the town, particularly at Wordsley where the provision of a new clinic is urgently needed.

The attitude of the public towards the Health Visitor is such that she finds ready acceptance in most homes where there are young children. She is, therefore, to the forefront in all screening and assessment procedures. Screening of babies for the presence of phenylketonuria has been continued between the 10th and 14th day of life and again at 4-6 weeks using the Phenistix method, but towards the end of the year discussions took place with the Regional Hospital Board when it was decided that screening for phenylketonuria be made by using the Guthrie blood test method. Since 1966, 14,731 tests had been carried out with no positive result, but in 1968 two cases of phenylketonuria were detected — one on the first test and the other at six weeks. Arrangements were made for the children to be seen by a Consultant Paediatrician and so far both babies appear to be developing normally. Health Visitors conducted hearing screening tests on 2,881 children between the ages of 8 and 9 months. 109 children were re-tested and 2 were referred for a medical opinion.

One Health Visitor continued to attend the Consultant Paediatrician's outpatient clinic at the Dudley Guest Hospital on one afternoon a week.

The observation register of children thought likely to be more "at risk" of developing various handicaps was maintained. These children received preferential visiting by Health Visitors and their condition was reviewed by a Medical Officer at regular intervals until it appeared that development was proceeding normally.

Visits made by Health Visitors during the year are given in the following table:

Children born in 1968 ...	...	...	...	10,843
Children born in 1967 ...	...	...	...	7,952
Children born in 1963/66	...	...	...	12,647
Persons aged 65 and over	...	...	...	982
Mentally Disordered Persons	...	...	...	181
Hospital Discharges	...	...	...	74
Tuberculosis and other infectious disease households	...	...	...	84
Other Cases	...	...	...	718

6 Health Visitors attended refresher courses organised by the Health Visitors Association. One Health Visitor attended a course of training as a Field Work Instructor in order that the Department may be more actively involved in the training of Student Health Visitors from the Birmingham Training Centre in 1969/70.

A number of staff have attended day courses in ophthalmology, health education, paediatrics and a variety of lectures arranged by the Regional Hospital Board.

HOME NURSING SERVICE

The establishment of Home Nurses was 1 Superintendent, 35 Home Nurses, and 3 Nursing Auxiliaries, but at the end of the year there were three vacancies for part time staff. The nurses continued to work in three groups based on areas centred around Brierley Hill, Central and Ladies Walk clinics. Messages for the service were taken centrally but Home Nurses also approached General Practitioners about their patients.

A further attachment of one nurse to a group of three general practitioners commenced towards the end of the year. The nurse had full access to the medical records of the patients and regularly met the general practitioners. Within a short time it was apparent that this second attachment was working very satisfactorily.

The number of part time Nursing Auxiliaries was increased to 6. Previously these posts had been designated Bathing Attendant and recruiting had always been difficult but the change of title to Nursing Auxiliary resulted in an increase in number and quality of nurses for these posts. Nursing Auxiliaries attended 190 patients and paid 4,491 visits during the year. Home Nurses visited patients at home and the following figures give further details:—

		1967	1968
Medical cases	... ... ...	50,837	54,356
Surgical cases	... ... ...	10,971	11,903
Tuberculosis cases	... ... ...	404	972
Maternal complications	... ... ...	311	392
		<hr/>	<hr/>
		62,523	67,623
		<hr/>	<hr/>

It will be seen from these figures that there has been an increase in the number of visits, two thirds of which have been to patients aged 65 and over. The increasing care given to the elderly in the community occupies more of the services of the Local Authority and Home Nurses are increasingly requesting help from other Departments and other voluntary social agencies.

The incontinent laundry service was discontinued and replaced by the provision of waterproof garments, liners and pads to incontinent elderly and handicapped people many of whom previously felt that they were social outcasts because of their disability. This meant that many more were able to enjoy a less restricted social life. Considerable administrative time was saved by the introduction of this improved service.

	1967	1968
Number of incontinent pants issued	... 62	48
Number of incontinent liners issued	... 5,240	12,155
Number of incontinent pads issued	... 5,694	36,184
Rolls of liners for handicapped children	120	120

These items could cause difficulty in disposal and arrangements were therefore made for them to be collected and disposed of by incineration.

One nurse remained on the panel of nurses available for the Marie Curie Nursing Service and during the year 6 patients were helped.

Circular 23/67 drew attention to the decision of the Queen's Institute of District Nursing to cease awarding their certificate from May 1968 and to the Minister's decision that local health authorities should themselves make arrangements for the training and examination of their nurses in accordance with the Advisory Committee's recommendations.

The Five West Midland County Boroughs agreed that there should be one training scheme for the area and the West Midland District Nurse Training Course commenced in September. Three nurses successfully completed the first course and gained the National Certificate of District Nursing, so that thirteen members of the staff are now fully trained. The Nursing Superintendents of the Five County Boroughs and the Course Tutor met regularly and the Tutor also visited the various Departments to give individual in-service training.

The Superintendent Home Nurse attended a week's course on management appreciation and a refresher course organised by the Queen's District Nursing was attended by two nurses. Lectures were arranged within the Department on new drugs and renal dialysis and all the staff visited the renal dialysis unit at Wordsley Hospital. A number of staff also attended lectures organised under the post registration plan of the Birmingham Regional Hospital Board.

Thirty Student Nurses spent a day with a Home Nurse to help them to understand some of the social aspects of disease.

VACCINATION AND IMMUNISATION

In March Local Health Authorities were asked to make arrangements under the provisions of Section 26 of the National Health Service Act, 1946 for vaccination against measles to be offered to susceptible children. The Joint Committee on Vaccination and Immunisation had advised the Minister that vaccination against measles should be offered to all children up to and including the age of 15 years who were susceptible to an attack of measles because they had neither been immunised nor had natural measles. At the outset the amount of vaccine available was not enough to meet all demands and it was necessary therefore, to phase the programme so that vaccination was initially offered to susceptible children who were between their 4th and 7th birthdays and to children attending day nurseries and nursery schools or residential establishments who were between their 1st and 7th birthdays.

Immunisation is best given by means of one injection of live attenuated measles virus vaccine. For routine immunisation in early childhood it was recommended that the vaccine should be given in the second year of life after the basic course of immunisation against diphtheria, tetanus, whooping cough and poliomyelitis and preferably before routine vaccination against smallpox. In making these arrangements Local Authorities were also asked to invite General Practitioners to participate.

In December 1967 the Chief Medical Officer of the Ministry of Health informed Local Authorities that the Joint Committee on Vaccination and Immunisation had reviewed the existing schedules of immunisation in childhood and recommended that these should be replaced by a single schedule. A circular giving further details was received in September and as a result the following schedule of immunisation was adopted within the Department:—

Age 3 months	— First triple, first polio
Age 4½ months	— Second triple, second polio
Age 9 to 10 months	— Third triple, third polio
Age 12 months	— Measles
Age 15 months	— Smallpox vaccination
Age 5 years	— Dip/Tet. booster, polio booster and re-vaccination
Age 12 years	— B.C.G. vaccination
Age 15 years or on leaving school	— Tet.Toxoid booster, polio booster and smallpox re-vaccination

The scheme for vaccination and immunisation by appointment at clinics, introduced during 1967, has continued with very satisfactory results. An analysis of the immunisation state of all children born in 1967, who were living in the County Borough in December, 1968 shows that 82% (78%) had been protected against Diphtheria, 80% (76%) against Whooping Cough, 82% against Tetanus and 81% (74%) against Poliomyelitis. In addition 57% (38%) had been protected against Smallpox and 38% against Measles. The National figures are given in brackets.

Smallpox

The number of children primarily vaccinated against smallpox during the year was 2,459, of whom 126 were of school age. On the advice of the Ministry of Health primary vaccination against smallpox was routinely offered during the second year of life. A total of 2,806 children were re-vaccinated, 2,677 of these were performed at school.

Diphtheria, Whooping Cough and Tetanus

The number of children who completed primary protection against diphtheria, whooping cough and tetanus during the year was 1,940. A total of 2,082 booster doses of this triple vaccine were also given at the age of eighteen months. In addition, a further 1,138 children received primary protection against diphtheria and tetanus and 4,540 were given reinforcing injections of this combined vaccine. Of these 1,068 and 4,146 respectively were carried out in schools.

Poliomyelitis

3,538 children completed primary protection against poliomyelitis during 1968 and a further 5,814 received reinforcing doses of oral vaccine. Of these 1,545 and 3,174 respectively were given in schools.

Measles

Full publicity was given to the availability of measles vaccine for susceptible children in the age group 1 to 7 years. By the end of the year 3,693 had been protected. 1,776 of these were carried out in schools and a further 60 in nursery schools and pre school play groups.

Details of all vaccinations and immunisations carried out during the year are given in the following tables:

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968

Table 1 — Completed Primary Courses

<i>Type of Vaccine or Dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1968	1967	1966	1965	1961-1964		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP	598	1,268	40	14	20	—	1,940
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	16	34	9	—	402	677	1,138
5. Diphtheria	—	—	—	—	2	4	6
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	1	—	6	14	21
8. Salk	—	1	—	—	—	—	1
9. Sabin	545	1,330	63	21	474	1,104	3,537
10. Measles	8	938	323	272	1,654	498	3,693
SUMMARY:							
Immunised against:							
Diphtheria	614	1,302	49	14	424	681	3,084
Whooping Cough...	598	1,268	40	14	20	—	1,940
Tetanus	614	1,302	50	14	428	691	3,099
Poliomyelitis ...	545	1,331	63	21	474	1,104	3,538
Measles	8	938	323	272	1,654	498	3,693

Table 2 — Reinforcing Doses

<i>Type of Vaccine or Dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1968	1967	1966	1965	1961-1964		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP	4	647	1,131	131	154	15	2,082
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	36	93	21	1,290	3,093	4,540
5. Diphtheria	—	—	—	—	2	15	17
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	4	1	10	12	28
8. Salk	—	—	—	—	—	—	—
9. Sabin	5	668	1,313	185	1,465	2,178	5,814
SUMMARY:							
Immunised against:							
Diphtheria	4	683	1,224	152	1,446	3,123	6,639
Whooping Cough...	4	647	1,131	131	154	15	2,082
Tetanus	4	684	1,228	153	1,454	3,120	6,650
Poliomyelitis ...	5	668	1,313	185	1,465	2,178	5,814

SMALLPOX VACCINATION — Persons under age 16

	Age at Date of Vaccination							
	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	Total
Number vaccinated	24	12	12	35	2,014	238	126	2,459
Number re-vaccinated	—	—	—	—	—	10	2,796	2,806

There were no cases of generalised vaccinia during the year.

AMBULANCE SERVICE

The Chief Fire and Ambulance Officer continued to be responsible for the day-to-day organisation of this Service.

Table I shows the establishment as at the 31st of December, 1968. There are two Ambulance Stations, one at Tower Street, Dudley, and the other at Stream Road, Wordsley, and both are manned throughout the 24 hours of each day.

TABLE I

<i>Establishment</i>					
				<i>Authorised</i>	<i>Actual</i>
Assistant Ambulance Officer	...	...		1	1
Ambulance Control Officer	...	...		1	1
Station Officers	...	...		4	4
Shift Leaders	...	...		10	8
Leading Ambulance Drivers	...	...		8	8
Ambulance Driver/Attendants	...	...		48	33
Sitting Car Drivers	...	...		2	3
Total	...	...	...	74	58

Recruitment, despite the pay award in September, has continued to be difficult. During the year, 7 members left and 5 were recruited.

Tables II and III show respectively the number of vehicles and the mileage and number of patients carried.

TABLE II

<i>Vehicles</i>						
Ambulances	...	...	...	...	...	8
Dual Purpose Vehicles	...	...	...	...	...	11
Tail Lift Vehicle	...	...	...	...	...	1
Staff Car	...	...	...	...	...	1

TABLE III

Year ending	Usage of Ambulances since 1966				Number of patients carried per 1,000 pop.	
	Mileage		Patients Conveyed			
	Ambulances	Sitting Cars	Ambulances	Sitting Cars		
Dec. 1966	61,653	200,780	8,608	44,816	412	
1967	91,983	230,625	12,862	55,942	322	
1968	93,470	228,030	13,402	56,430	343	

The figures quoted in Table III included 1,803 ambulance cases involving 10,360 miles and 2,978 Sitting Car cases involving 23,837 miles conveyed on behalf of neighbouring Authorities.

Despite the difficulty of getting the men together to form classes, in-service training by the Station Officer Instructor continued for all members of the Brigade. At the annual First Aid Examination held in May, a 100% pass was achieved.

During the year, one Station Officer attended an Ambulance Instructor's course, one Station Officer and one Ambulance Driver attended an Experimental course at the Birmingham Fire and Ambulance Headquarters for a period of six weeks and five other members attended a two weeks' Refresher course at Birmingham Fire and Ambulance Headquarters. All members of the Service, in turn, attend a two weeks' course at two Casualty Departments in the area and these are proving very successful. The help and co-operation of the Casualty Officers and their staffs are very much appreciated.

During the year, lectures and demonstrations were given to twenty-two organisations in the Borough.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

The Superintendent Health Visitor continued to be responsible for supervising health education in the Borough. She was, however, unable to devote enough time to this important work which will continue to be a cinderella service until a Health Education Officer has been appointed.

In addition to regular courses of instruction at schools an increasing number of organisations were addressed on a variety of health subjects. Of special importance has been the contact made with senior citizen clubs and talks on safety, diet and social services were given.

Classes in preparation for parenthood were held at nine centres with Midwives and Health Visitors each taking a share of the work. The classes continued to be well supported and 1072 expectant mothers attended during the year.

A health education topic is chosen for each month and during the year special attention was given to smoking and cancer, home safety, teeth and dental hygiene, immunisation, child welfare, personal hygiene, swimming and water safety, food hygiene, coughs and sneezes, shoes and foot care.

An interpreter is employed who speaks fluently in English, Urdu, Punjabi, Hindu and Hindustani and her services are often required to help with immigrants from the Indian Sub-Continent. With her assistance a small number of tape records were made in the Department in Hindustani and Punjabi, and it is hoped to extend this service which has proved to be most helpful.

Chiropody Service

This service is under the day to day control of a Chief Chiropodist. During the year the demand for chiropody treatment continued to increase.

The Establishment provides for four chiropodists, but it has never been possible to recruit all the staff on a full-time basis. At the end of the year two full-time and seven part-time chiropodists were employed.

A further clinic was equipped for chiropody. This was at Netherton and provided three sessions weekly. The service now operates from ten of the fifteen clinics in the County Borough. Treatment provided is still almost entirely confined to people over sixty-five years of age. For part of the year some sessions each month were devoted to the treatment of school children. Normally treatment is given at clinics but when patients are unable to use public transport, special transport is provided by the Ambulance Service. When patients are completely house-bound arrangements are made for a chiropodist to visit and treat at home. Regular visits are also paid by chiropody staff to the Old People's Homes.

Assistance towards the cost of chiropody treatment provided by many of the voluntary associations is given by the Welfare Committee as part of a general financial grant.

Details of work undertaken are given below:

		1967	1968
Number of attendances at clinics —			
Old People ...	... ... ...	6991	8621
School Children	... ... ...	1085	689
Number of Domiciliary Visits ...	... ... ...	1066	1157
Number of treatments given at Old People's Homes ...	... ... ...	1030	744

Population Screening for Cancer of the Cervix

Arrangements were made in co-operation with the Consultant Pathologist at the Guest Hospital for this service to be commenced in Dudley from January last year. This provided generally for women between the ages of 35 and 65 and sessions were held at six clinics.

Women requesting the service are asked to complete a form of application which is registered in the Department and appointments are made for them to attend the clinic of their choice. Forms are available from the Health and Welfare Department and from the clinics.

Figures relating to this service are given below:

		1967	1968
Number of clinics held	... ... ...	93	81
Number of women who attended	...	1699	1422

Results of tests:

Normal cells ...	...	...	...	...	1397	1264
Suspicious ...	...	...	...	...	12	12
Positive ...	...	...	...	...	8	6
Specimens unsatisfactory	...	...	...	...	24	9
Other ...	...	...	...	...	258	131

Recuperative Holidays

The demand for this service has decreased over the years. During 1968 only five patients were sent on a recuperative holiday as a result of recommendations from general practitioners.

Home Help Service

Section 13 of the Health Services and Public Health Act, 1968 imposed a duty on every Local Health Authority to provide a Home Help Service on such a scale as is adequate for the needs of their area. No date has, however, been given for the implementation of this Section in view of the current financial situation.

In Dudley with an expanding population, and with an increasing proportion of that population in the elderly age groups, the demand for this service continued to grow but because of financial limitations it was not possible to meet all requests. As a result a waiting list developed and priority was given to those most in need.

As will be seen from the figures given below, the majority of households helped are those occupied by the aged or chronic sick. It is surprising how few maternity cases ask for home help assistance. Requests for assistance for problem families and "crash cleans" for particularly dirty homes appear to be on the increase.

The Home Help Service is free to all persons of sixty-five and over, but in all other cases the financial circumstances of the family are assessed and payment is made according to means.

Home help was provided at 282 new cases during the year.

Details of the households served are given below:

				1967	1968
Cases over 65 years of age	...	...	...	818	878
Mentally disordered	...	...	...	6	4
Chronic sick	...	...	...	49	92
Maternity	...	...	...	45	45
Others	...	...	...	46	63
				<hr/> 964	<hr/> 1082
				<hr/>	<hr/>

HOUSING ON MEDICAL GROUNDS

The new system referred to in my last report continued to work well. This covers people making application for Council housing or exchange of accommodation and claiming priority on medical grounds.

Officers from the Housing Department and the Health and Welfare Department continued their weekly meetings.

A total of 1251 cases were investigated during the year; in 241 of these additional housing points were recommended on medical grounds. In 398 cases exchange of Council accommodation on medical grounds was recommended and in 30 cases immediate priority for rehousing was recommended.

MEDICAL EXAMINATIONS

The screening procedure using a medical questionnaire for candidates being admitted to either the superannuation scheme or the sick pay schemes continued to be used. This avoided the need to examine all new employees and medical examinations were only arranged for those with a history of ill health.

X-ray examinations of the chest were carried out in cases where the candidates' employment would bring them into regular contact with children. During the year steps were taken to implement the Ministry of Health's request that all staff in regular contact with children should be X-rayed every three years. This was in addition to X-ray examination at the time of appointment.

During the year 819 Statements of Medical History were completed by candidates and of these 80 were referred for full medical examination. Out of this number 67 candidates were found to be medically satisfactory for employment.

REPORT OF THE CHIEF VETERINARY OFFICER

The end of 1967 saw the beginning of what turned out to be the worst outbreak of foot and mouth disease this century and it lasted well into 1968, longer than had been estimated, and infections and reinfections carried on until June. During much of this time and at the request of the Ministry of Agriculture, Fisheries & Food Control Centre at Stafford the veterinary staff carried out ante-mortem examinations on livestock coming into the small slaughterhouses in the Borough. Supplies to the Marsh and Baxter factory showed a slight increase over 1967 but as part of the quota of pigs came from the north delivery was difficult and made only after a wide detour to by-pass the restricted movement areas. The kill for the year was 173,541, an increase of 3,000 over 1967.

Exports were stopped by the foot and mouth outbreak and did not re-start until June. The products listed below went to Arabia, Belgium, Cyprus, Brazil, Gambia, Germany, Gibralter, Hongkong, Libya, Malta, Natal, Sierra Leone and Singapore. The items included:

580 York Hams	80 Cases Sliced Bacon
5,496 Smoked Bacon Middles	2,280 Legs of Pork
531 Sow Sides	600 Smoked Shoulders
12,396 Sides of Smoked Bacon	11,238 Pork Shoulders
1,491 Smoked Gammons	1,566 Smoked Collars
1,650 Cases Pies & Sausage	

At the request of owners, veterinary certificates were issued for the examination of 4,610 pig lungs. In 1967, 2,564 were examined. During the year the Ministry of Agriculture, Fisheries and Food introduced a Pig Health Scheme with the initial aim of establishing about 800 herds of high grade breeding stock with a corresponding good health record and this should lead to an increase in the number of special lung examinations.

145 pigs died in transit on the way to the factory and 65 died in the lairage.

The weight of meat rejected for sale for human consumption amounted to 210 tons, 8 cwts., 3 qrs. and 18 lb. The following tables show the causes of condemnation.

PIGS KILLED—173,541

Disease	Carcases	Heads	Lungs	Hearts	Livers	Stomachs	Spleens	Kidneys	In-testines	Other Parts	Total	% of kill
Abscess	1,057	9	9			583	95 h/qr 27 f/qr	1,057	0.6
Arthritis	171	171	171			171	504 h/qr 55 f/qr	509	0.29
Bruising	5	5	5			5	173 h/qr 3 f/qr	178	0.1
Carcinoma	3	3	3			3		3	0.0017
Cirrhosis								7,652	4.4
Congestion								3,295	1.88
Contamination								417	0.24
Emaciation								40 sides	
Emphysema								4	0.0023
Empyema								2	0.0016
Endocarditis								2	0.0016
Enteritis								64.9	0.37
Fat Necrosis								1	0.0008
Fatty Infiltration								288	0.17
Gangrene								2	0.0016
Hydatids								11	0.0088
Hydronephrosis								6,347	3.65

PIGS—continued

Disease	Car-cases	Heads	Lungs	Hearts	Livers	Stomachs	Spleens	Kidneys	In-testines	Other Parts	Total	% of Kill
Jaundice	...	5	5	5	5	5	5	10	5	5	5	0·0029
Lymphosarcoma	...	6	6	6	6	6	6	12	6	6	6	0·0034
Metaplasia	...	1	1	1	1	1	1	1	1	1	55	0·032
Metritis	...	15	15	15	15	15	15	15	15	30	15	0·0008
Pericarditis	...	43	43	43	43	43	43	43	43	86	86	4·78
Peritonitis	...	410	410	410	410	410	410	410	410	410	410	4·36
Pleurisy	...	264	264	264	264	264	264	264	264	264	264	7·38
Pyæmia	...	14	14	14	14	14	14	14	14	14	14	0·0082
Pyelonephritis	...	29	29	29	29	29	29	29	29	29	29	0·15
Septicaemia	...	17	33	40	40	40	40	40	40	40	40	0·016
Swine Erysipelas	...	1	1	1	1	1	1	1	1	1	1	0·023
Telangiectasis	...	10	4,038	79	79	79	79	3,251	20	3,251	1	0·0008
Toxaemia	...	1	1	1	1	1	1	1	1	1	1	2·32
Tuberculosis	4,038	
Total	...	1,028	6,253	17,680	9,817	16,272	9,666	9,666	8,373	10,961	77 f/qr 812 h/qr	
Percentage	...	0·59	3·61	10·19	5·65	9·79	5·57	5·57	2·41	6·31	0·51	

WELFARE SERVICES

The changes brought about in April 1966 by the West Midland Review Order brought many problems to the new Borough. Notable among these was the care of a greatly increased number of the elderly. Although two Old People's Homes were transferred from Staffordshire County Council to the new Borough these were fully occupied and, at the same time there was a considerable waiting list for this type of accommodation. Prior to 1966 experience had shown that in this area it is necessary to provide about 18 beds per 1,000 population over the age of 65 years otherwise the local authority was faced with a waiting list and, as a result, those needing accommodation experienced long delays before admission. In 1966, on the basis of figures and estimates of population provided by the Registrar General, the number of beds per 1,000 elderly population dropped to 12 with the inevitable result that a long waiting list became a serious problem, and obviously something had to be done urgently. A building programme was, therefore, agreed in principle and, as a result, the features of this planning began to become realities in 1968. Agreement was reached on:—

- a) The building of a new Old People's Home at Coseley to be known as Wallbrook House and to house 48 people. Building work began on this Home in March 1968 and it should be ready for occupation in October 1969.
- b) The provision of a further 48 bed Home in the Sedgley area with a completion date towards the end of 1970.
- c) Conversion works on Broadfield House, Kingswinford, to provide 14 beds, the work to start in the Autumn of 1968. This Home will replace Lupin House, a small Home of 10 beds.
- d) The building of an extension to Albert House to house 10 elderly mentally ill residents.

This building programme will give 14/15 beds per 1,000 elderly population by the end of 1969 and 17 by the end of 1970.

In terms of expenditure and staffing the principal feature of local authority services for the elderly is residential care. Care can, however, be provided in a number of ways. Usually an elderly person going into one of the Homes is permanently resident there but there are large numbers of people who cannot live alone and who are looked after by relatives. These relatives may have to go out to work during the day leaving the elderly person alone sometimes at considerable risk. In some of these cases care is arranged on a daily basis at the Homes during those hours when relatives are at work, but a major difficulty in providing this service is the cost of transport. Most of the people concerned are quite unable to get to the Homes unaided and, at the moment, we are not in a position to provide a transport service to help them. Again, many old people live with their families and this arrangement works happily throughout the year, but in order to enable younger members of the family to have an occasional holiday elderly people are admitted to the Homes for short periods of two or three weeks, usually during the Summer.

This service is in great demand but it creates many problems, particularly at the moment when the number of beds is insufficient to meet the demands for permanent residents. 37 people were provided with this service this year as against 19 in 1967.

On the basis of figures provided by the Registrar General it is evident that population trends, especially for the very young and the elderly, are the essential background against which health and welfare services are to be studied and their development planned. The number of people aged 65 and over is expected to increase by 20% in the period 1965 — 1976, twice as fast as the general population. Within this group, the numbers aged 65—74 will increase at a slightly higher rate (22%) than that (17%) for those aged 75 and over.

In addition there have been great changes in the type of resident going into our Homes and in the degree of care they require. Twenty years ago Homes built by local authorities were almost small hotels and the residents were expected to have certain standards of physical fitness so that the care given to them was really minimal. Now, however, the demand for places in local authority Homes is such that admission is granted only to the very old and frail, and new residents are often senile, doubly incontinent and confused. They therefore need more care which calls for more staff trained or experienced in dealing with the special needs of the very elderly and handicapped.

The provision of additional residential accommodation should result in our meeting our requirements in 1970. In addition, the Housing Committee are planning to extend their Warden Housing schemes for the elderly. There is already one of these at Quarry Bank and others are to be provided at Wall Heath and Netherton. The provision of this type of sheltered housing for those elderly people who cannot manage alone but can cope with day-to-day living in their own homes with the assistance of a Warden eases the demand for places in Old People's Homes.

It has been the custom of the Department over the last few years to prepare annually a statistical report on the state of residents and the current report is given below.

AGE

<i>Under 65</i>	65-69	70-74	75-79	80-84	85-89	<i>90 and over</i>
7	13	32	50	40	47	29

LENGTH OF STAY

<i>Less than 6 months</i>	1 year	2 years	3 years	4 years	5 years	<i>5 years and over</i>
48	36	30	29	45	12	18

MOBILITY

<i>Fully Ambulant</i>	<i>Usually Independent (Not Stairs)</i>	<i>Walks with supervision</i>	<i>Walks with aids</i>	<i>Bedfast or Chairfast</i>
106	47	25	19	21

ORIENTATION

<i>Complete</i>	<i>Orientated in Home and identifies persons correctly</i>	<i>Misidentifies persons and surroundings but can find way about</i>	<i>Cannot find way to bedroom or toilet without assistance</i>	<i>Lost</i>
101	49	34	20	14

COMMUNICATION

<i>Always clear and retains information</i>	<i>Can indicate needs and understand simple directions</i>	<i>Understands simple information but does not indicate needs</i>	<i>Cannot understand simple information but retains some expressive ability</i>	<i>No effective contact</i>
98	50	29	20	21

CO-OPERATION

<i>Actively co-operative</i>	<i>Passively co-operative</i>	<i>Requires encouragement</i>	<i>Requires considerable persuasion</i>	<i>Completely resistive or withdrawn</i>
81	55	29	34	19

RESTLESSNESS

<i>None</i>	<i>Intermittent</i>	<i>Persistent by day</i>	<i>Persistent by day with frequent nocturnal restlessness</i>	<i>Constant</i>
112	56	19	19	12

HABITS

<i>Clean</i>	<i>Careless in dressing and eating</i>	<i>Some objectionable but unavoidable habits</i>	<i>Some objectionable and avoidable habits</i>	<i>Anti- Social</i>
126	24	24	25	18

VISITORS

<i>Frequent and regular visits from relatives</i>	<i>Infrequent visits from relatives</i>	<i>No visits from relatives but regularly visited by friends</i>	<i>Infrequent or casual visits</i>	<i>No visitors</i>
95	42	20	30	31

MEDICAL

<i>Little medical attention required</i>	<i>Infrequent minor ailments</i>	<i>Frequent minor ailments</i>	<i>Chronic illness not under constant care</i>	<i>Chronic illness and under constant medical care</i>
73	43	29	43	30

INTERESTS

<i>Has regular job in Home and hobby</i>	<i>Undertakes occasional jobs in Home</i>	<i>Reads or listens to radio or watches TV regularly</i>	<i>Reads or listens to radio or watches TV occasionally</i>	<i>No interests</i>
29	31	79	31	48

INCONTINENCE

<i>Doubly incontinent</i>	<i>Incontinent of urine only</i>
20	23

DIET

<i>Requiring special Diet</i>	<i>Eating Normal Food</i>
27	191

At the end of the year there were 84 people awaiting admission to Old People's Homes of which 10 were male, 70 female and 2 married couples. This is a reduction of 24 on the waiting list since the end of last year.

The following table shows the admissions, discharges, deaths and the number of residents at 31st December, 1968.

<i>Home</i>	<i>No. of Residents 1/1/1968</i>	<i>Ad-missions</i>	<i>Dis-charges</i>	<i>Deaths</i>	<i>No. of Residents 31/12/1968</i>
New Bradley Hall ...	47	35	21	12	49
Dibdale	47	38	28	10	47
Lawnwood House	42	27	19	9	41
The Woodlands ...	23	10	8	2	23
Albert House ...	21	13	10	3	21
Primrose House ...	10	6	7	—	9
Rose Cottage ...	8	8	6	—	10
Lupin House ...	10	4	4	—	10
Roseland House ...	10	9	6	3	10
Kelvedon, Wednesbury ...	1	—	—	—	1
Silver Trees, Tipton	4	—	1	—	3
Ivy House, Cannock	4	—	—	1	3
The Limes, Aldridge	1	—	—	—	1
Viewlands, ...	—	—	—	—	—
Wightwick ...	3	—	1	1	1
Summerhill Grange	8	2	1	—	9
The Poplars, Wolverhampton	1	—	1	—	—
Claremont, Wolverhampton	1	1	—	—	2
West Midland Cheshire Home ...	6	2	2	—	6
Embankment Fellowship, London	1	—	—	—	1
Chalfont Colony, Bucks.	1	—	—	—	1
Woodlarks Workshop, Farn- ham	1	—	—	—	1
Royal School for the Blind, Leather- head	1	—	—	—	1
Dawson Bethseda Home, Haydock, Lancs.	1	—	—	1	—
Methodist Home, Wolverhampton	1	—	—	—	1
Malvern Deaf Home	1	2	1	—	2
Beechholme, Felixstowe ...	1	—	—	—	1
Fen Place, Sussex	1	—	—	—	1
Bromsgrove General Hospital (Pt. III)	1	—	—	1	—
British Polio Fellow- ship, Surrey ...	1	—	—	—	1
David Lewis Colony	—	1	1	—	—
Total	258	158	117	43	256

Community Services

Luncheon Clubs and Meals-on-Wheels Service

The opening of a luncheon club at Brierley Hill this year saw the completion of the current programme for the luncheon club and meals-on-wheels service. In 1966 there was a domiciliary meals-on-wheels service in the former Borough and it was decided at the time of the boundary changes that this service should remain and that it would be best extended by forming luncheon clubs at suitable points throughout the enlarged Borough. Luncheon clubs have the advantage of providing companionship and community activities as well as the meal. At the present time every area of the Borough is served with a meals-on-wheels service either at home or in luncheon clubs and plans for the future will ensure the formation of clubs in the former Borough area and the provision of a domiciliary service in the extended areas.

During the year 28,926 meals were provided through the meals-on-wheels service, an increase of just over 12,000 on 1967. 33,694 meals were served at the luncheon clubs — more than three times the number served the previous year.

Most of the meals came from the main kitchen at Broadfield House, but in addition, great help is given by the provision of some meals from the canteens of Messrs. Ewarts, Messrs. Desmo and the kitchen of Lawnwood House Old People's Home.

The provision of a service on this scale calls for considerable organisation and this could never be attempted without the voluntary help of the County Borough Organiser of the Women's Royal Voluntary Service and her members. The provision of 62,620 meals in the course of the year has been accomplished only by their unremitting efforts to maintain an efficient and regular service even despite severe weather hazards at times.

In conjunction with the Department, the Women's Royal Voluntary Service have sponsored and encouraged members of the luncheon clubs to form social groups or to join existing facilities in the places where they meet. In this way they have attended theatre and other outings and participated in the community activities of other old people's associations and clubs.

CARE OF THE PHYSICALLY HANDICAPPED

The National Assistance Act of 1948 requires local authorities to provide help to three classes of physically handicapped, namely the blind, the deaf and the general classes of physically handicapped. Although the blind and the deaf have their own special difficulties this grouping into classes is rather arbitrary, for a local authority in making plans for the care and the help of the physically handicapped must look at the problem as a whole. It has been the declared intention of the Welfare Committee to produce the all-purpose caseworker who can deal with the problems of a very wide range of people. This is a national trend and the day of the specialist welfare worker is ending, although there will always be a need for someone in the Department who can deal with such requirements as the teaching of Braille and Moon to the Blind and who can act as interpreter for the deaf in court, at hospital, and in other special circumstances. With this end in view it has been decided that of the four trainee Welfare Officers in the Department, two will take a specialist course for deaf welfare and two will take a similar course for blind welfare after they have finished their normal training. Basically, however, they will be general purpose caseworkers in the Department with special skills.

At the end of the year the number of persons on the physically handicapped registers compared with the previous year were as follows:

	<i>Blind</i>	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Hard of Hearing</i>	<i>General Classes</i>	<i>Total</i>
1968	295	41	127	201	627	1,291
1967	291	40	120	167	539	1,157
Increase	4	1	7	34	88	134

There is a noticeable increase here in the casework being done for the hard of hearing but the biggest increase is within the general classes of the physically handicapped. Of the 627 cases referred to the Department under this heading the age-analysis was as follows:—

<i>Register at 31st Dec., 1968</i>	<i>under 16 years</i>	<i>16-64 years</i>	<i>65 and over</i>	<i>Total</i>
Male	7	169	97	273
Female	9	201	144	354
Total	16	370	241	627

The general classification of these cases within the definitions laid down by the Ministry of Health was as follows:

<i>Major Handicaps</i>	<i>Age</i>					
	<i>Under 16 (1)</i>	<i>16-29 (2)</i>	<i>30-49 (3)</i>	<i>50-64 (4)</i>	<i>65 or over (5)</i>	<i>Total (6)</i>
1. Amputation	—	1	7	10	31	49
2. Arthritis or rheumatism ...	—	4	6	26	78	114
3. Congenital malformations or deformities	6	9	9	8	3	35
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin ...	—	3	24	39	52	118
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	3	7	12	23	35	80
6. Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	5	22	24	51	31	133
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6.	2	12	24	19	7	64
8. Tuberculosis (respiratory) ...	—	1	9	3	3	16
9. Tuberculosis (non-respiratory)	—	2	6	5	—	13
10. Diseases and injuries not specified above	—	2	1	1	1	5
11. Total	16	63	122	185	241	627

General Classes of the Physically Handicapped

There have been many problems concerning the care of the physically handicapped in the year under review, not the least of which has been the lack of suitable accommodation at the handicraft centres. These centres play an important part in the care and rehabilitation of the physically handicapped for, apart from providing social contacts they give training in industrial usage and craftwork and employment in light industry such as packaging and assembly. The people using the centres are in this way able to earn a little by their own efforts. The original handicraft centre was in rented premises at King Street but

notice was given to leave there in 1966 and the only other building available was an old decontamination unit at the Quadrant, Sedgley. In an attempt to provide a better service and to meet a growing demand a second centre was opened in October, 1968 at Broadfield House, Kingswinford. These measures were temporary expedients only, for it is the Authority's intention to build a purpose-built handicraft and social centre in 1969. Meanwhile the work of the centres continued in rather difficult circumstances. Attention was directed towards finding congenial work with a satisfactory financial return which would get the physically handicapped away from the old traditional crafts such as basket and toy making and leatherwork. Some long term sub-contract work in assembly already existed but in addition experiments were made in such fields as silk screen printing, the polishing of natural stone for jewellery making, the manufacture of perfume and printing. The most successful project was in printing and the centre carried out work for the Local Authority as well as some outside agencies.

In most aspects of the Department's work transport is a difficult and expensive problem. To help with this a purpose-built vehicle was provided. This is basically a coach with variable seating and special provision for the accommodation of wheelchairs. It is fitted with a hydraulic lift to enable both wheelchair cases and other patients to be loaded as easily and smoothly as possible.

New ventures undertaken have included sales of articles made by the physically handicapped at a stall in Dudley market place and at All Saints Church Hall at Sedgley. These have been so successful as to ensure their being repeated in the future.

The annual holiday for the physically handicapped sponsored by the Local Authority was held at Littlestone, Kent, and a party of 200 physically handicapped people, staff and escorts went on the holdiay. Those who could manage the journey were taken on a day-trip to France.

Sheltered Workshops for the Disabled

In conjunction with the County Borough of Wolverhampton and the Institute for the Blind this Authority sponsors a sheltered workshop for the physically handicapped and during the year 7 physically handicapped men and 4 women worked there. The activities of this workshop are so closely connected with the blind workshops, however, that further reference will be made to this when reporting on the blind.

The Deaf

Until 1966 this service was provided for the Borough by the Worcestershire Association for the Deaf, but with the enlargement of Local Government boundaries the Association was unable to continue and the Department now provides this service direct. One of the Officers is specially trained in welfare work for the deaf. He has found himself involved with many agencies because

of the difficulties the deaf have in communication and these have included the courts, hospitals and employers. In addition he has assisted the parents of deaf children to understand and adjust to their childrens needs and deaf school leavers have been helped in interviews with prospective employers, the Youth Employment Service and the Ministry of Employment & Productivity.

There was initially in the year some difficulty in placing the young deaf in employment but by the end of the year there were no deaf persons, young or old, who were out of work if they were capable of being employed.

The social clubs organised for the deaf are well attended but a special social club set up for the hard of hearing has not been as successful as had been hoped.

Many deaf people are taking advantage of the arrangements made to have simple repairs done to their hearing aids in the Department or to collect batteries for their aids. This saves them a journey into Wolverhampton which, especially for the elderly deaf, is both tedious and expensive.

The table below gives an analysis of the case-load of deaf persons in age groups.

Register at 31st Dec., 1968	Children under 16		Persons aged 16-64		Persons aged 65 and over		Total
	Male	Female	Male	Female	Male	Female	
Deaf persons with speech	11	7	22	21	5	5	71
Deaf persons with- out speech ...	4	2	18	23	4	6	57
Hard of hearing ...	3	5	28	37	55	73	201
Total	18	14	68	81	64	84	329

The Blind

On the 1st August, 1968 the social work services for the blind were integrated into the general social work services of the Department. Prior to this date all the work with blind persons was delegated by the Local Authority to the Blind Institute. The Home Teachers for the Blind were engaged in this work, their salaries being paid by the local Authority.

This move is part of a national trend to bring the services for blind people into line with those offered to all other physically handicapped people. It is generally accepted that specialist services working in a limited field can lead to isolation of a particular group and to their detriment.

These new arrangements will free the Home Teachers to devote more time to the teaching of Braille and the extension of social facilities for the blind.

It would appear that with advances in education and medicine the world of the blind is changing rapidly. Formerly on leaving school the blind had little opportunity of employment other than in certain restricted fields or in sheltered workshops where they worked at the traditional crafts of knitting, basket making and mat making. With improved educational and training facilities the young blind are now taking employment in all branches of industry with the result that there are fewer entrants to the traditional type of workshop for the blind. These in turn are feeling the wind of change not only because of the drop in recruitment but because new materials, new methods and mass production have priced their old traditional products out of the market or supplanted them. With these thoughts in mind the Stewart Report recommended some years ago that all workshops in the country should do everything within their power to modernise their equipment, seek out new industries and methods, and generally bring themselves as near as possible to modern factory production methods. At the same time, the County Boroughs of Wolverhampton and Dudley were considering the provision of a sheltered workshop for other classes of physically handicapped where, in the special working conditions provided, the handicapped would be able to earn a living. Eventually, and with the co-operation of the Blind Institute this workshop was started at Sedgley. Over the years most of the old trades for the blind have disappeared and the blind, having been re-trained, are taking their place in the sheltered workshop with other handicapped people so that eventually the only traditional trade of the blind left at Sedgley will be mat making as this is still profitable.

During the year, 14 blind men and women were employed at the workshop at Sedgley and 6 others attended the handicraft centre held at the Institute.

With the increasing case work amongst the blind it became necessary to extend the social facilities available to them and therefore, in addition to the social club at Sedgley another was formed at Broadfield, Kingswinford. At the end of the year arrangements were being made for a third club to open at Netherton.

The annual holiday for the blind was held at Great Yarmouth and 86 blind people took the opportunity to go.

The following gives the age analysis of the blind population in the Borough at the 31st December, 1968.

Age in years	Blind			Partially Sighted		
	Male	Female	Total	Male	Female	Total
0 to 15	10	6	16	2	8	10
16 to 20	1	2	3	1	1	2
21 to 39	9	5	14	2	—	2
40 to 59	21	16	37	5	2	7
60 to 64	13	6	19	—	1	1
65 to 69	15	17	32	3	1	4
70 to 79	26	46	72	5	5	10
80 to 89	21	60	81	—	4	4
90 and over	4	17	21	1	—	1
Total	120	175	295	19	22	41

Remedial Aids and Adaptations for the Handicapped

Each year a sum of money is included in the estimates to provide aids and to pay for works of adaptation to make conditions easier for the physically handicapped to live in their own homes. In 1968, £1,000 was spent on this service, when additional handrails on steps and stairs and in lavatories and bathrooms were provided, doors were widened to allow access for wheelchairs, paths regraded, steps replaced by ramps and household fittings replaced in more accessible positions. In some cases, particularly in older houses, this work of adaptation is expensive because so much needs to be changed to bring the house up to modern standards. This happens when a downstairs lavatory has to be provided in an old house or a bathroom has to be structurally altered.

In these cases and where a Council house is involved, the co-operation of the Housing Committee is willingly given and usually a proportion of the cost is met.

Under the heading "remedial aids" various items of equipment are provided to enable the handicapped to see to their own personal needs, particularly for such activities as bathing, walking, dressing and for use in the kitchen.

Burials, National Assistance Act 1948 — Section 50

It is the duty of the Department under the above mentioned Act to bury the body of any person found dead within the boundaries of the Borough where it appears that no suitable arrangements for the disposal of the body have been, or are being made. As a result of this legislation the Department dealt with six funerals.

Transport Duties and Costs

On a day-to-day basis the Department had to transport either with hired transport or its own vehicles subnormal children to the Junior Training Centre, subnormal adults to the Adult Training Centre, physically handicapped persons to Handicraft Centres at Sedgley and Kingswinford, blind workers to the Workshop for the Blind, physically handicapped workers to the Sheltered Workshop at Sedgley, subnormal children to day care in hospitals and meals for the Meals-on-Wheels service. On a weekly basis the Department paid for, or carried out, transport of the physically handicapped to clubs and functions and subnormal children to the holiday home at Rhyl. In addition arrangements were made for the subnormal and physically handicapped to have an annual holiday, the Authority meeting most of the cost. In all, this service cost £15,000 in 1968. As the Health and Welfare Committee's plans for improved services materialize this figure will inevitably increase.

Homeless Families — Temporary Accommodation

A joint circular from the Ministry of Health, the Home Office and the Ministry of Housing and Local Government was received in October 1967 as a result of which a number of meetings were held to discuss the policy to be adopted by the Authority in the prevention of homelessness. The alternative ways considered for the provision for homeless families were as follows:—

1. Hostel accommodation for wives and children but excluding husbands.
2. Hostel accommodation for the family, but with communal facilities, i.e. bathing facilities, toilet accommodation, catering and dining facilities.
3. Hostel accommodation consisting of self-contained units for each family.

4. Individual houses in which families would receive the full support of the Social Welfare Services.

The provision of hostel accommodation from which husbands were excluded was considered to be completely unacceptable and hostel accommodation with communal facilities had a disadvantage in that the rehabilitation of the family as a unit would be most difficult. The third suggestion of special hostel accommodation consisting of self-contained units for each family with additional accommodation for supervisory staff was eventually rejected as a solution to the problem because it would be impossible to lay down a limit to the length of stay and so temporary accommodation would tend to become permanent residence. In addition it was felt that hostels provided accommodation out of the ordinary environment of the family in difficulty and that a move out of this special accommodation back to the community would be yet another unsettling influence for a family already in difficulties. Hostels would also concentrate problem families in one area and this would have an adverse effect not only on the residents of the surrounding area but also on the families given accommodation. The capital cost of providing suitable hostel accommodation was also high. For these reasons, therefore, it was recommended that accommodation for homeless families should be provided in the form of individual houses throughout the area of the Borough and that the rehabilitation of families in difficulties would be carried out in their ordinary environment by the Social Welfare Services of the Corporation. It was further felt that specific houses should not be set aside as temporary accommodation but that there should be accommodation available for families where the need was demonstrated.

CARE OF THE MENTALLY DISORDERED

The demands on the mental health services continued to increase. The following table shows the number of referrals to the Department under the Mental Health Act 1959 during 1968, although not all the cases referred to are new cases.

<i>Referred by</i>	<i>Mentally ill and psychopathic</i>	<i>Subnormal and Severely subnormal</i>	<i>Total</i>
General practitioners	35	5	40
Hospitals	402	23	425
Local Education Authorities	—	5	5
Police and Courts ...	5	—	5
Other sources (including Central Clinic)	49	118	167
Total	491	151	642

This total of 642 compares with 513 for 1967.

The Health Committee with the agreement of the Welfare Committee decided to add an annexe to Albert House Old People's Home in Vicar Street specifically for the elderly mentally ill. This joint decision underlines the value of an integrated Health and Welfare Department and the close co-operation of the two Committees concerned. Elderly people suffering from mental illness and infirmity are in an especially difficult plight. Many of them are in mental hospitals when they could well be cared for elsewhere. Nevertheless, many of them have a degree of infirmity which makes them unsuitable for the normal Old People's Home, which should be places of tranquility and quiet. Even the occasional elderly person with behaviour problems can disrupt the happy atmosphere of a Home and the problem has in the past been largely ignored.

At the other end of the age scale a start was made on the building of a new Training Centre at Russells Hall Estate. This centre will accommodate 100 mentally handicapped children up to the age of 16 years, but in addition, there will be a nursery unit for 20 children, a special care unit for a further 20 and a transitional unit for those over 16. This will replace the badly overcrowded centre at Dixons Green.

It has been possible, with the co-operation of the staff at Audnam Adult Training Centre, to reduce the waiting list for places. This was largely effected by making the numbers at Audnam up to 90 although it was designed and built as a 60 place centre and is staffed accordingly, and by transferring older boys there from Dixons Green thus freeing places for young children. A second Adult Centre with 100 places was included in the Capital Building Programme.

The table below shows the situation with regard to subnormality at 31st December, 1968.

	Subnormal				Severely subnormal				Total	
	under age 16		16 and over		under age 16		16 and over			
	M	F	M	F	M	F	M	M		
Attending training centres	6	2	9	9	49	32	37	37	173	
Awaiting entry to training centres, Baby Unit or Special Care Unit	2	1	3	3	5	2	—	—	16	
Resident in other Local Authority Hostels	—	—	3	1	—	—	1	1	6	
Awaiting residence in Hostel	1	2	3	1	—	—	1	1	9	
Attending day hospital	—	—	—	—	5	1	—	—	6	

At the end of the year there were 56 junior trainees at Dixons Green and a further 28 were accommodated by other local authorities. A total of 117 adult trainees attended at either Dixons Green or Audnam Centres. A further 13 attended the centres of other local authorities. 35 trainees from other authorities attended at Audnam. It will be remembered that this position of local authorities caring for trainees from other authorities came about as a result of the boundary changes following upon the implementing of the West Midland Review Order of 1966.

Plans were also formulated for the conversion of Lupin House, Russells Hall Estate, into a hostel for the subnormal. There are a few mentally handicapped people who rely on the local authority for accommodation since they have no home of their own. Lupin House is a small Old People's Home belonging to the Welfare Committee. The staff and residents are to move from there early in 1969 and the house will then be converted for use by the mentally handicapped. It will have the advantage of being very near the new Training Centre. This is the first time this service has been provided in the Borough and there will no longer be any necessity to send all our patients needing accommodation to other local authority hostels.

Holidays were arranged this year at Tan-y-Bryn for the adult trainees from both Dixons Green and Audnam.

The holiday home belonging to Dudley Voluntary Association for Mental Welfare at Rhyl was used throughout the summer to give a holiday to parents with mentally handicapped children who would find it difficult to have a holiday in normal circumstances. Each weekend throughout the summer a party was taken in local authority transport to Rhyl and the people using the home the previous week came back on the return journey. This is a very good example of collaboration between local authority and voluntary organisation. The amenities having been provided, the staff from Dixons Green accompany parties and help to make the holiday home a considerable success.

**ANNUAL REPORT OF
PRINCIPAL SCHOOL MEDICAL OFFICER
School Accommodation and Attendance**

Education is provided in 73 primary schools, 22 secondary modern schools and 5 grammar schools (one for boys, one for girls and three mixed schools). In addition, there are two day schools for educationally subnormal children and three nursery schools. The average numbers on the roll at the end of the year are as given in the table set out below.

The total school population increased during 1968 from 28,147 to 28,942. A new Junior School was opened during the year at Belle Vue and a Secondary Modern School at Coseley, with a total of 281 on roll. With an increase in the school population of 795, this left 514 additional pupils to be absorbed by existing schools.

Infants' Schools

	Average No. on Roll
Alder Coppice	248
Belle Vue	208
Bird's Meadow	164
Brockmoor	175
Bromley	220
Christ Church	142
Dudley Wood	147
Glynne	246
Hawbush	164
Holly Hall	206
Mount Pleasant (Quarry Bank)	113
Priory	241
Quarry Bank	258
Queen Victoria	198
Red Hall	273
Roberts	175
Round Oak	43
Russells Hall	266
Saltwells	127
St. Chad's C.E.	75
St. James's C.E.	137
The Straits	224
Wall Heath	133
Wren's Nest	200
Yew Tree Hills	155

Infants' and Junior Schools

Blowers Green	309
Bramford	339
Brierley Hill	192
Bromley Hills	364
Cotwall End	398
Dawley Brook	190
Kate's Hill	339

Lawnswood	...	...	...	...	364
Maidensbridge	...	...	...	...	361
Mount Pleasant (Coseley)					366
Northfield Road	...	...	...	...	273
Parkes Hall	...	...	...	...	254
Park	...	...	...	...	346
Portway	...	...	...	...	250
St. Chad's R.C.	...	...	...	...	230
St. Edmund's C.E.	...	...	...	...	252
St. John's C.E.	...	...	...	...	237
St. Joseph's R.C.	...	...	...	...	296
St. Mark's C.E.	...	...	...	...	211
St. Mary's C.E. (Kingswinford)					261
St. Mary's C.E. (Coseley)	...	...	...	...	311
St. Mary's R.C.	...	...	...	...	107
St. Thomas's C.E.	...	...	...	...	79
Sledmere	...	...	...	...	404
Sycamore Green	...	...	...	...	255
The Brook	...	...	...	...	373
The Dingle	...	...	...	...	246
Tudor	...	...	...	...	242
Wallbrook	...	...	...	...	248

Junior Schools

Belle Vue	...	...	...	...	130
Bowling Green	...	...	...	...	399
Brockmoor	...	...	...	...	287
Bromley	...	...	...	...	339
Christ Church (Coseley)					169
Church of Ascension	...	...	...	...	176
Glynne	...	...	...	...	391
Hawbush	...	...	...	...	232
Jesson's C.E.	...	...	...	...	210
Mount Pleasant	...	...	...	...	144
Netherton C.E.	...	...	...	...	192
Priory	...	...	...	...	361
Quarry Bank	...	...	...	...	333
Queen Victoria	...	...	...	...	301
Red Hall	...	...	...	...	349
Roberts	...	...	...	...	243
The Straits	...	...	...	...	207
Woodside	...	...	...	...	343
Wren's Nest	312
*Sutton E.S.N. Mixed	118
*Woodsetton E.S.N. Mixed	119

Total	17,990
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Secondary Modern and Grammar Schools

Audnam Secondary (Mixed)	356
Bishop Milner R.C. (Mixed)	478
Blue Coat (Mixed)	309
Brierley Hill (Boys)	301
Brockmoor (Girls)	377
Coseley (Mixed)	151
Dormston (Boys)	279
Dormston (Girls)	294
Ellowes Hall (Mixed)	620
Hillcrest (Mixed)	400
Holly Hall (Mixed)	450
Kingswinford (Mixed)	327
Mount Pleasant (Mixed)	400
Park (Boys)	268
Park (Girls)	262
Pensnett (Mixed)	414
Quarry Bank (Boys)	204
Quarry Bank (Girls)	172
Rosland (Mixed)	166
Saltwells (Mixed)	276
Summerhill (Mixed)	450
Wren's Nest (Mixed)	506
Brierley Hill Grammar (Mixed)	918
Dudley Grammar (Boys)	498
Dudley High (Girls)	512
High Arcal Grammar (Mixed)	858
Sir Gilbert Claughton Grammar/Technical (Mixed)	478
<hr/>	
	10,724

Grand Total

Primary, Secondary and Grammar	28,714
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Nursery Schools

Netherton Park	40
Pensnett	40
Priory	77
Total	157

*These Special Day Schools have on roll children over 11 years of age.

Arrangements for Periodic Medical Inspections

Children attending schools in the Borough were medically examined as follows:—

1. During the first year at school
2. Between the ages of 14 and 15.

Children absent at the time of the inspections were given another appointment soon after they returned to school.

Periodic Medical Inspections

The following table shows the number of children examined by years of birth and the number of individual pupils found to require treatment (excluding dental disease and infestation with vermin).

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding Dental Disease and Infestation with vermin)		
		Satisfactory	Un-satisfactory	For Defective Vision (excluding Squint)	For any other Condition	Total Individual Pupils
1964 and later	57	56	1	—	4	4
1963	734	733	1	14	34	48
1962	1334	1327	7	29	76	105
1961	279	274	5	10	21	31
1960	60	60	—	2	5	7
1959	25	25	—	2	1	3
1958	17	17	—	—	2	2
1957	14	14	—	—	—	—
1956	55	55	—	5	4	9
1955	65	65	—	5	4	9
1954	178	177	1	3	5	8
1953 and earlier	2242	2234	8	111	62	173
TOTAL	5060	5037	23	181	218	399

The total number of children examined remained approximately the same as last year. The figure of pupils examined in the leavers' age group however showed an increase compared with last year, and it was decided that, as the medical officer shortage remained a problem, priority for routine medical inspection should be given to the entrants' age group in the forthcoming year (1969) until such time as additional medical officers were available.

Of the 5,060 examined, 23 (0.45%) were considered to be of unsatisfactory general condition compared with 2 for the previous year. The classification of "Satisfactory" and "Unsatisfactory" condition rests on the view of the examining doctor and as standards differ slightly some variation in classification is to be expected.

Those pupils considered to be of unsatisfactory general condition were seen frequently and, in addition to advice given to the parents concerning their medical and social care, arrangements were made with the family doctor for them to receive any treatment thought to be necessary.

It was decided to discontinue the weighing of school children at routine inspections as this was considered to be of very limited value.

Presence of Parents at Periodic Medical Inspections

Age Group Inspected	No. of Pupils Inspected	Percentage of Parents Present	
		1967	1968
Entrants ...	2407	92.1	89.3
Other Periodics ...	263	44.8	49
Leavers ...	2390	4.9	11

The attendance of parents at the initial examination in the infants' schools, though showing a slight decrease, was fairly satisfactory.

Defects Found by Periodic Medical Inspections during the Year

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4	Skin ...	10	67	23	98	2	8	35	173
5	Eyes:								
	(a) Vision ...	55	130	114	405	12	32	181	567
	(b) Squint ...	9	53	2	33	—	4	11	90
	(c) Other ...	5	16	1	25	1	2	7	43
6	Ears:								
	(a) Hearing ...	20	127	5	46	—	7	25	180
	(b) Otitis Media	7	92	6	52	1	13	14	157
	(c) Other ...	—	7	—	5	—	—	—	12
7	Nose and Throat	16	504	3	167	—	42	19	713
8	Speech ...	14	70	2	9	2	11	18	90
9	Lymphatic Glands	2	235	—	24	—	23	2	282
10	Heart ...	3	44	1	18	—	5	4	67
11	Lungs ...	4	138	1	24	1	7	6	169
12	Development:								
	(a) Hernia ...	1	3	—	3	—	—	1	6
	(b) Other ...	3	74	—	59	2	4	5	137
13	Orthopaedic:								
	(a) Posture ...	1	12	2	60	2	2	5	74
	(b) Feet ...	19	108	15	91	—	17	34	216
	(c) Other ...	7	51	1	55	4	8	12	114
14	Nervous System:								
	(a) Epilepsy ...	—	11	2	9	1	5	3	25
	(b) Other ...	3	27	—	6	—	2	3	35
15	Psychological:								
	(a) Development	1	50	2	18	—	58	3	126
	(b) Stability ...	2	41	—	16	—	4	2	61
16	Abdomen ...	2	16	—	7	—	1	2	24
17	Other ...	8	79	1	45	—	8	9	132
	Totals	192	1955	181	1275	28	263	401	3493

T—Defect requiring treatment

O—Defect requiring observation

It is always difficult to draw conclusions from tables of numbers of children requiring treatment or observation because the meaning of the phrases "Requiring Treatment" and "Requiring Observation" may vary with different medical officers. Those under observation include many defects which may be corrected spontaneously, never require treatment and are kept under observation as a precautionary measure only.

Other Inspections

		1968	1967
Number of Special Inspections	...	607	972
Number of Re-Inspections	...	762	1719
		<hr/> 1369	<hr/> 2691

Summary of Defects Found at the Foregoing Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	27	17
5	Eyes:		
	(a) Vision	57	43
	(b) Squint	6	4
	(c) Other	2	6
6	Ears:		
	(a) Hearing	15	27
	(b) Otitis Media	8	6
	(c) Other	—	2
7	Nose and Throat	7	63
8	Speech	7	15
9	Lymphatic Glands	—	7
10	Heart	1	40
11	Lungs	6	50
12	Development		
	(a) Hernia	1	3
	(b) Other	7	16
13	Orthopaedic:		
	(a) Posture	1	12
	(b) Feet	24	45
	(c) Other	12	21
14	Nervous System:		
	(a) Epilepsy	3	9
	(b) Other	8	12
15	Psychological:		
	(a) Development	2	17
	(b) Stability	11	13
16	Abdomen	—	4
17	Other	75	64

A total of 1,369 children were seen at these special inspections, 607 of these at various clinics at the requests of parents, general practitioners, head teachers, school nurses or education welfare officers. The majority of children calling for this continued supervision were those with defects of skin, vision, ear, nose, throat and lungs. Parents were advised and their children referred to their general practitioner or the appropriate specialist after discussion with the general practitioner.

The remaining 762 pupils were seen at re-inspections in all schools in the Borough. These children were noted at previous periodic medical inspections to be in need of further observation, treatment or advice. These inspections are found to be of particular value in bringing to light children who, owing to one cause or another, have failed to attend either the specialist clinic or their practitioner.

Special Medical Clinics

Regular school clinics with a doctor in attendance were discontinued during the year under review. They were replaced by special medical clinics arranged at intervals at clinics throughout the Borough. From the experience of medical officers at routine medical inspections certain pupils were seen who required a longer period of examination and discussion with parents than that allowed at a busy medical inspection in school. An appointment system was introduced for these children to be invited to the clinic nearest their home to allow the medical officer to carry out the medical investigation.

In addition to these pupils the special clinics were also of value in seeing those children referred by head teachers and others, the appointments at the clinics being selected according to priority.

A total of 607 pupils were seen at these special clinics including those cases referred by the Director of Education for absenteeism, behaviour problems and other miscellaneous reasons. The following paragraph gives details of children seen at the request of the Director of Education:—

Unfit for School ...	...	...	...	26
Fit for School etc. ...	...	...	...	67
				—
Total ...	...	...	...	93
				—

Recommendations:

Unfit for School:

General Practitioners notified and pupils kept under review ...	26
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Fit for School:

Referred Child Guidance Clinic ...	4
Restricted activities ...	2
Fit to attend ordinary school ...	21

To attend ordinary school with provision of transport ...	...	20
Failed to attend ...	...	7
Delay school entrance ...	...	1
Transfer to another school ...	...	2
Admit to Nursery before 5 years of age ...	...	2
To be seen at home by Child Psychiatrist ...	...	1
To attend Carlson House Nursery Unit ...	...	1
To be allowed to leave school early		2
To attend Stow Heath Unit ...	...	1
Recommended wheel chair from hospital ...	...	1
To attend school half-days only ...	...	1
To attend special unit at West Bromwich (Psychiatric)	...	1
		—
		— 67
		—

Work of the School Nurses

Health Visitors and School Nurses continued to work together in all branches of the School Health Service.

Following the elimination of the 10-year-old Routine Medical Inspection, due to shortage of medical staff, vision testing is now done at 8, 10 and 13 years.

With the inclusion of measles prophylaxis in the School immunisation programme a further part-time nurse was appointed to enable the team to deal with the large numbers at each session.

School Visits:

Routine and Special Inspections (with Medical Officer) ...	...	...	...	...	400
Cleanliness Surveys ...	...	...	...	...	585
Other Reasons (including Vision Inspections, Diphtheria Immunisation, B.C.G. Vaccination and miscellaneous sessions) ...	...	...	...	...	1120

Home Visits:

Cases of uncleanliness ...	...	...	...	...	468
Other Reasons ...	...	...	...	...	1392
In attendance at Clinic Sessions ...	...	...	...	...	507

Enuresis Alarms

Because of an increase in the number of enuresis alarms in stock it was possible in March, 1968 to distribute to several area clinics a supply of appliances. The advantage of having these immediately available at peripheral clinics became apparent as more pupils were treated by this method than ever before. Ninety-two appliances were issued and 47 pupils cured of the condition.

Health Education

A health education programme was continued in ten secondary schools in the Borough.

A wide syllabus is provided for general guidance extending to cover baby care, child management, aspects of personal hygiene including the care of the skin and the use of cosmetics. The choice of shoes, diet and slimming, smoking and cancer, home safety, personal relationships and a description of the Health Service and the work of voluntary organisations is also included.

Some of the above subjects have been taken for the Duke of Edinburgh Award Scheme and one school continues to take the Child Care Examination of the Maternity & Child Welfare Association.

With many of the schools doing projects on the social services information and display material is frequently requested and help is given.

Classes in Child Care were also being given to a Church Youth group.

Vaccination and Immunisation

Heaf Tests — School Entrants

The heaf testing of school entrants was reviewed and, as the small number referred from these tests were already under the care of the Chest Clinic and were known to the T.B. Visitor, it was decided that the results did not justify the amount of work involved and these tests were therefore discontinued from the commencement of the year under review.

B.C.G. Vaccination of School Children

Ministry of Health Circular 19/64 gives information and recommendations on vaccination against tuberculosis.

The arrangements, as well as providing for the vaccination of contacts of cases of tuberculosis, included the vaccination of children of 13 years of age and over. In addition, children between 10 and 13 can be offered vaccination at the discretion of the Local Authority as well as pupils over 14 years of age, students at Universities, Teachers' Training Colleges, Technical College or other Establishments of Further Education.

All children in their second and subsequent year at a secondary school and students attending the Teachers' Training Colleges were offered Heaf tests and where necessary vaccination or chest X-ray. The figures below indicate the work undertaken during the year.

School Children

Number offered skin test ...	...	2924
Number of consents received ...		2370
Number of skin tests (first time) ...	2188	
Number retested (Absentees and doubtfuls)	116	
		2304
Number with positive reaction ...		186
Number with negative reaction ...		2005

Of those with a negative reaction 1970 were vaccinated, the remaining 35 being found unsuitable for vaccination on medical grounds as follows:—

Under Medical treatment	...	...	...	7
Eczema	...	...	...	1
Attending Chest Clinic	...	...	...	14
Consent for Heaf test only	...	...	...	—
Left school or district	...	...	...	10
Postponed temporarily	...	...	...	2
Parents' refused	...	...	...	1
				—
				35
				—

Painless injection for B.C.G. by means of "Dermo-Jet" needles was introduced on the 10th October, 1968. Dr. Margaret Griffiths of the British Tuberculosis Association attended two sessions to demonstrate the technique and use of the jet.

Smallpox Vaccination

During 1968 a programme of vaccination against Smallpox in schools was continued.

The numbers vaccinated were as follows:—

		1968	1967
Primary vaccination	...	126	155
Re-vaccination	...	2677	3551

Diphtheria/Tetanus

Initial protection against these two diseases is normally covered by one course of injections. During 1968 the following were performed:—

Primary course completed	...	...	1068
Re-inforcing doses given	...	...	4146

Poliomyelitis

The numbers of children protected against Poliomyelitis during the year were as follows:—

Primary course completed	...	...	1545
Re-inforcing doses given	...	...	3174

Infectious Diseases — School Children

		Male	Female	Total
Scarlet Fever	...	4	6	10
Whooping Cough	...	4	9	13
Measles	...	94	80	174
Dysentery	...	4	—	4
Food Poisoning	...	2	5	7
Tuberculosis (Pulmonary)	...	—	1	1
Tuberculosis (Non-Pulmonary)	—	—	—	—

No cases of Poliomyelitis or Diphtheria were notified and no deaths were recorded as a result of infectious disease.

Tuberculosis

Following the discovery of tuberculosis in a member of the school meals staff late in 1967, it was considered necessary to carry out heaf test on an entire school and this was undertaken

in March, 1968. The figures below indicate the work carried out on that occasion:—

Children in school	...	...	...	303
Did not consent	...	...	...	5
Not tested, attending Chest Clinic	...	...	...	1
Absent with broken leg	...	...	...	1
			—	7
Children Heaf Tested	...	...	...	296
Negative	...	...	...	278
Positive	...	...	...	18

(All positives had chest X-rays at Mass Radiography Unit and all were found to be clear).

In addition to the above, in November, 1967 whilst carrying out B.C.G. vaccinations in a secondary modern school, one test showed a positive result. This pupil was kept under observation at the Chest Clinic and, when re-examined early in 1968, the condition had become active. The child was then admitted to Prestwood Sanatorium and all contacts in her class not previously B.C.G.'d. were tested with the following result:—

Children not previously had B.C.G. and in same class as contact	...	...	...	...	8
Did not consent (1 epileptic, 1 meningitis)	...	...	...	...	2
Negative	...	...	...	...	1
Positive (all subsequently had clear chest X-rays)	...	...	...	...	5

Diseases of the Skin

During the year 19 families were referred to Central Clinic as being in need of treatment for scabies. These families included 39 adults, 12 children under five and 41 of school age, compared with 30 adults and 66 children in 1967. In the case of one family, a domiciliary visit was made to carry out the necessary treatment.

	Number of Cases known to have been treated					
Ringworm:						
(a) Scalp	—
(b) Body	—
Scabies	41
Impetigo	—
Other Skin Diseases	8
						49

Chiropody

This service was introduced in 1967 primarily for the elderly. At that time it was possible to extend it to schoolchildren. However, during the past year, owing to increased demands from elderly people, it has been necessary to suspend temporarily

the service to schoolchildren. It is hoped that we may be able to resume this service soon.

The figures of work carried out are given below and these relate only to the first five months of the year:—

Verrucae	...	...	...	...	557
Corns, ingrowing toenails				...	126
					683

Specialists' Clinics

With one exception we have been able to continue the arrangement with the Regional Hospital Board and Hospital Management Committee whereby consultant services are provided on our own premises. This offers obvious advantages to both parents and patients and is a convenience to consultants who have medical records readily available.

Regrettably it has still not been possible to resume the Ear, Nose and Throat Clinics at Central Clinic because the post of Consultant Surgeon has not been filled.

Ophthalmic Clinic

Routine medical inspections in schools revealed 199 children requiring treatment for eye conditions (181 for errors of refraction and 18 for squint and other conditions) and 700 were noted for future observation.

Consultant Ophthalmic Clinics continued throughout the year. Dr. L. H. G. Moore continued his ophthalmic work at the Central Clinic and Dr. J. A. Cox carried out clinic work at Brierley Hill, Sedgley, Coseley and Kingswinford. A total of 178 sessions was arranged in respect of these clinics when 471 children were examined for the first time and 1051 children previously examined were reviewed. Spectacles were provided for 843 children.

		<i>Number of Cases known to have been dealt with</i>
External and other excluding errors of refraction and squint	...	53
Errors of refraction including squint	...	1469
		1522
Number of children for whom spectacles were prescribed	...	843

During the year under review the Ishihara test for colour-blindness yielded the following results:—

School leaving
age group

Children found colour-blind 55 boys

Where the examining medical officer considered it advisable, these children were referred to a Consultant Ophthalmologist, and the Youth Employment Officer was informed in each case.

Ophthalmic Inspections by School Nurses

These inspections continued to prove their value in detecting defects of vision which may develop in the years between routine medical inspections and also in ensuring treatment for those children, who for a variety of reasons, fail to attend for periodic reviews by the eye specialist.

The following table gives a summary of the work done:—

Number of children inspected ...	...	...	...	5503
Number found to have visual defects of this number (598):				598

Number referred to Eye Clinic ...	...	292
Number already given appointment	...	67
Noted for observation ...	...	209
Seen previously and discharged ...	...	6
Left district, made own arrangements or did not attend	...	24
		598

Orthoptic Clinic

Throughout the year the visiting orthoptist continued to carry out six sessions monthly at the Central Clinic and the following are details of the work done:—

New Cases	...	...	...	...	...	...	66
Old Cases:							
For treatment	...	...	...	...	...	71	
For occlusion	...	...	...	...	...	13	
For test and observation	...	...	...	...	...	6	
For periodic check-up	...	...	...	...	...	10	
Miscellaneous visits	...	...	...	...	...	36	
						136	
Total attendances	...	...	...	...	...	202	

Discharges:

Cured by Orthoptic treatment	...	...	...	...	17
Cured by Orthoptic and operative treatment	...				—
Transferred to hospital for operative treatment	...				—
Good cosmetic result	...	...	...	...	2
Failed to attend	...	...	...	...	32

Orthopaedic Clinic

During 1968, Mr. J. A. O'Garra, F.R.C.S., continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley and Stourbridge District Hospital Group. A registrar also assisted at the clinic and this reduced the waiting time for patients.

The number of pupils treated, 230, showed an increase of 31 as compared with the preceding year. The 455 children noted at routine medical inspections as having orthopaedic defects included 51 who required treatment and they are included in the total of 230 referred to above. The remaining 404 were kept under observation.

Mr. O'Garra reports: "We continue to collect new cases of spina bifida and spastic paralysis but it is several years since

any new case of poliomyelitis presented itself. In the treatment of flat foot one tends to use plastic heel seats now more often than alterations to the shoes and it is interesting how often this condition proves to be due to persistent anteversion of the femoral neck."

Physiotherapy

This clinic continued to function under the direction of the Dudley, Stourbridge and District Hospital Group, with a trained physiotherapist holding sessions at Central Clinic each working day. As in previous years postural defects, pes planus and genu valgum of varying degree of severity accounted for the great majority of cases.

Ear, Nose and Throat Clinics

Mr. G. O. Clark, F.R.C.S., continued clinics in the Brierley Hill, Sedgley and Kingswinford areas. The number of children receiving operative treatment for the removal of tonsils and adenoids decreased to 172 as against 219 in the previous year. In addition, 14 other children received operative treatment.

During the year at medical inspections 58 children were noted as requiring treatment, a decrease as compared with 1967. On the other hand, the total kept under observation, 1062, showed a slight increase.

Treatment

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment:	
(a) for disease of the ear	5
(b) for adenoids and chronic tonsillitis ...	172
(c) for other nose and throat conditions ...	9
Received other forms of treatment	12
	198
Number of school children seen by E.N.T. Specialist	107
Number of school children for whom hearing aids were prescribed	4

Audiology/Screening for Hearing

Every child in his seventh year and again at nine years of age in schools throughout the Borough has a test to ascertain if any hearing loss is apparent. These tests are carried out on a pure-tone battery-operated audiometer. All the schools in the Borough are visited annually for this purpose and a follow-up of children absent for the school test is made either during a further visit to school or at the child's home.

Children between the ages of two and five years who are referred for hearing tests are tested either on the pure-tone audiometer or, if unresponsive on the audiometer, a "freefield" test is made by using pitch testing pipes.

Mrs. Crellin, a qualified audiometrist, continued this work during 1968. Of the 8,157 children tested by pure-tone audiometer, 269 were referred for further audiometer testing and clinical examination by the First Senior Medical Officer, Dr. M. Kerrigan, or Mr. G. O. Clark, F.R.C.S. A further 8 were also referred by medical officers at schools or clinics, general practitioners and head teachers.

Details of audiology carried out at various clinics throughout the Borough are given below:—

First attendance ...	...	...	...	...	170
Re-examinations	...	...	...	...	87
				—	257
Failed to attend ...	...	...	...	...	72
				—	329
				—	

In 1967, 140 parents failed to bring their children for audiometer testing. In the year under review the figure dropped to 72. Even allowing for the fact that fewer children were invited, it is pleasing to note this improvement, which may be due in part to reproduction in the local press of comments made in last year's report on the poor attendance at audiology clinics. Of the 257 seen at the clinics, 10 were referred for specialist opinion.

Apart from visits to schools for routine testing, Mrs. Crellin made the following visits:—

Children visited at home for periodic instruction in the use of hearing aids ...	...	...	...	6
Children visited at Infants' School and Nursery for supervision in the use of hearing aids ...	...	...	...	14
Children given special tuition with speech trainer ...	...	...	...	5
Children given special hearing tests at home ...	...	...	...	52
Children given special hearing tests at school ...	...	...	...	377

The National Deaf Children's Society give a free Butlin Camp holiday each year to a deaf child and one parent. In 1968 a Dudley child was chosen for the holiday with her mother. This child, who also has a very slight speech defect, uses a Philips Hearing Aid and has made remarkable progress.

Instruction

When a child receives a hearing aid, visits are made either to the school or home to give instructions on how to get the best results from the aid. Pupils are taught lip-reading and to discriminate sounds and speech by listening through the aid. In the case of young children, the parent is also instructed on the care of the aid and how to help the child to use it properly. If the child is severely deaf and speech poor, the instruction is first given on the Speech Trainer and gradually, as the child improves, instruction continues using the hearing aid. For the very deaf child the parent also receives instruction to carry out exercises with the child in the home.

Repairs

There is good liaison between the Clinic and New Cross Hospital at Wolverhampton and a stock of batteries, cords and ear-pieces is held by the audiometrist so that immediate repair can be attended to at school or home. Only worn-out aids are now sent to Wolverhampton for exchange.

Ear Mould Impressions

Some parents are reluctant to take the child to Wolverhampton for an impression for an ear mould and in these cases the impression is taken at school and despatched to Wolverhampton for the mould to be made.

Child Guidance Clinic

Dr. D. T. Maclay, Consultant Child Psychiatrist, continued his weekly sessions at the Central Clinic. The sources of referral were as follows:—

General Practitioner or Hospital	...	...	...	...	26
School Medical Officer, Teacher or Education Welfare Officer	...	...	...	...	14
Children's Officer, Juvenile Court, or Probation Officer	...	...	...	...	6
Parents direct	...	...	...	...	2
Others	...	...	...	...	3
					—
					51
					—

The following is an analysis of new cases:—

Organic or Constitutional	...	...	...	...	1
Anxiety	...	...	...	...	12
Psychomatic	...	...	...	...	1
Problems related to education	...	...	...	...	9
Behaviour disorder and delinquency	...	...	...	...	19
Family, social and sexual	...	...	...	...	9
					—
					51
					—

During the year 32 children admitted to the Remand Home at Saltwells House were referred to Dr. Maclay by the Courts. The Remand Home was closed for extension and repair work during a period in the year under review.

Total number of interviews:

(a) Psychiatrist	...	...	...	...	479
(b) Psychologist	...	...	...	...	18

Saltwells Remand Home

Medical examinations are required upon admission and discharge of boys from Saltwells Remand Home. A total of 111 medical examinations were carried out by the Authority's Medical Officers and 84 of these were referred from the Juvenile Courts for examination by the Consultant Psychiatrist. In one case a psychiatric examination only was called for.

I am indebted to Dr. Maclay for the following comments on the working of the Child Guidance Clinic during the year 1968.

"Looking back on 1968, what strikes me is that once again we have had a surprisingly small number of referrals of children from all sources, but I would pick out particularly family doctors as referring very few children indeed to the Child Guidance Clinic. This is said with the realisation that we could not easily undertake a greatly increased amount of work; the fact remains that there must be many children in the town who could benefit from our services but whom we never see.

The outstanding feature of the year, so far as the Clinic is concerned, was the appointment of Dr. Ursula Castor as a second part-time child psychiatrist. Dr. P. S. Ireland also joined us during the year in the capacity of part-time senior registrar but his tenure of this position is not permanent.

Miss D. Meyerhof, B.A., our Educational Psychologist, terminated her appointment and left early in the year to take up similar work in London. As a temporary measure, Miss Kate Curie has been assisting us by testing children who come to the Clinic, again on a very limited time basis, but her services have been valuable in the absence of a regular educational psychologist.

In the late Spring I was able to take part in the meeting in Boston, U.S.A., of the American Psychiatric Association, along with colleagues from the Royal Medical Psychological Association who went over for this purpose. The stimulus received from this and the professional self-examination which resulted were very valuable to me and are thus likely, indirectly, to benefit the work we are doing in Dudley."

REPORT OF THE CHIEF DENTAL OFFICER

The Chief Dental Officer (Mrs. J. P. McEwan) reports:—

The staffing position varied throughout the year. On average the equivalent of five dentists were on the staff but Miss Caswell was released to attend a Course in London from October, 1968 to January, 1969. I am pleased to report that she passed the first part F.D.S. Examination. On average, the equivalent of four dentists instead of the establishment of eight kept the seven clinics going.

Miss Forsyth, Dental Auxiliary, left in September, but was replaced by Miss Dixon in December.

Mr. Cross and Mr. Prince joined the staff as full-time Senior Dental Officers. They came straight from Birmingham Dental School.

Mr. Martin and Mr. Cheffins came as sessional Dental Officers.

Dental Health Education

Again several thousand booklets and pamphlets were distributed free to children at school inspections and posters given to Head Teachers.

The Dental Auxiliary talked to each class in 10 Junior Schools on oral hygiene while the Dental Surgeon with whom she worked examined the teeth of other children in the school. In addition Health Visitors gave oral hygiene talks to Senior Girls on occasions.

Slices of raw carrot were supplied spasmodically to children after school meals — water was also on the tables. Most school tuck shops were restricted to the sale of savouries and nuts rather than sweets and sweet biscuits. Some Senior Schools do not adhere to this practice but the Junior and Infants' Schools do.

Pierre the Clown, sponsored by the Fruit Producers Association and The General Dental Council, visited Infants and Junior Schools throughout the Borough — an average of 7 to 8 schools per day for five days — and gave a 20 minute talk. He taught them in a humorous manner how to brush their teeth and also how an apple can clean the teeth after a meal. Each child was given an apple at the end of this talk.

His visit entailed a considerable amount of organisation by the Dental Staff and a great deal of co-operation on the part of the Head Teachers and Teachers in the schools he visited. Most agreed that his visit was well worthwhile and many other Head Teachers requested a visit from him when he is next available.

Dental Inspection and Treatment

11,070 were inspected at school

1,136 were inspected at the clinics

8,137 required treatment

6,915 were offered treatment

5,367 were treated during 12,510 attendances

The following Table gives a Summary of the work carried out:

Attendances and Treatment:					
First Visit ...	...	...	...	...	5,367
Subsequent Visits	...	...	...	...	7,143
Total Visits	...	...	...	...	12,510
Additional Courses of treatment commenced	...	...	...	...	452
Fillings in permanent teeth	...	...	...	...	11,054
Fillings in deciduous teeth	...	...	...	...	1,972
Permanent teeth filled	...	...	...	...	9,708
Deciduous teeth filled	...	...	...	...	1,634
Permanent teeth extracted	...	...	...	...	1,658
Deciduous teeth extracted	...	...	...	...	3,910
General Anaesthetics	...	...	...	...	1,630
Emergencies	...	...	...	...	701
Number of pupils X-rayed	...	...	...	...	153
Prophylaxis	...	...	...	...	1,006
Teeth otherwise conserved	...	...	...	...	154
Number of teeth root filled	...	...	...	...	21
Inlays	...	...	...	...	2
Crowns	...	...	...	...	15
Courses of treatment completed	...	...	...	...	4,451
Orthodontics:					
Cases remaining from previous year	...	...	...	...	32
New Cases commenced during the year	...	...	...	...	77
Cases completed during the year	...	...	...	...	68
Cases discontinued during the year	...	...	...	...	10
Number of removable appliances fitted	...	...	...	...	106
Number of fixed appliances fitted	...	...	...	...	1
Pupils referred to Hospital Consultant	...	...	...	...	5
Prosthetics:					
Pupils supplied with F.U. or F.L. (first time)	...	...	...	...	2
Pupils supplied with other dentures (first time)	...	...	...	...	37
Number of dentures supplied	...	...	...	...	40
Anaesthetics:					
General anaesthetics administered by Dental Officers	...	...	...	...	16
Inspections:					
(a) First inspection at school—number of pupils	...	...	...	...	11,070
(b) First inspection at clinic—number of pupils	...	...	...	...	1,136
Number of (a) plus (b) found to require treatment	...	...	...	...	8,137
Number of (a) plus (b) offered treatment	...	...	...	...	6,915
(c) Pupils re-inspected at school or clinic	...	...	...	...	114
Number of (c) found to require treatment	...	...	...	...	96
Sessions:					
Sessions devoted to treatment	...	...	...	...	1,911
Sessions devoted to inspection	...	...	...	...	100
Sessions devoted to Dental Health Education	...	...	...	...	47

Handicapped Children

Arrangements were made for Dr. M. Kerrigan, First Senior Medical Officer, to attend a course of lectures at the Child Development Research Centre, London, during the period October 31st — November 8th, 1968. These lectures covered the tests designed by Dr. Ruth Griffiths for the assessment of children under two years of age.

The following gives details of children attending special day or residential schools according to their need and also includes the number of children ascertained during the year and found to be in need of special educational treatment.

- (a) **Blind Pupils**—“that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by method not involving the use of sight.”
As at 31st December, 1968, there were five children in residential special schools. Two children were ascertained as blind during the year.
- (b) **Partially Sighted Pupils**—“that is to say, pupils who, by reason of defective vision, cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight.”
As at 31st December, 1968, there were six children in residential and three in Day Special Schools. One child was ascertained as partially sighted during the year.
- (c) **Deaf Pupils**—“that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”
As at 31st December, 1968, there were three children in Day Special Schools and two in Residential Special Schools. One child was ascertained as deaf during the year.
- (d) **Partially Deaf Pupils**—“that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.”
As at 31st December, 1968, there were nine children in Day Special Schools, six in Residential Special Schools and five attending the Stow Heath Unit for Hearing Impaired children at Willenhall. One child was ascertained as partially deaf during the year.
- (e) **Educationally Sub-normal Pupils**—“that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education, wholly or partially in substitution for the education normally given in ordinary school.”

As at 31st December, 1968, five children were attending the following Day Special Schools (other than Sutton and High Arcal Schools):—

William Baxter School, Cheslyn Hay, Walsall	...	...	1
Fitzwilliam School, Tipton	...	...	4

At the same date six children were attending Residential Special Schools as follows:—

Crowthorn, Edgworth, Near Bolton	...	...	...	2
Pudleston Court, Nr. Leominster	...	...	...	1
Thingwall, Liverpool	...	...	...	1
Besford Court, Worcester	...	...	...	1
St. John's School, Brighton	...	...	...	1

One child was transferred from Besford Court to Woodsetton School in September, 1968.

The screening of children referred by teachers on account of backwardness was continued throughout the year by an educational psychologist. Pupils who were severely retarded were referred for testing by medical officers qualified to carry out the ascertainment of educationally subnormal children.

171 intelligence quotient ascertainment were carried out during the year by approved medical officers. Most of these examinations were held at clinics but some were carried out in the schools and, in special cases, in the child's home. The following recommendations were made:—

Ascertained Educationally Subnormal:—

To attend Day Special School	...	...	83
To remain at Ordinary School	...	...	5
		—	88

Re-ascertained — to receive voluntary care and guidance after leaving school	30
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Other examinations:—

Unsuitable for education in Ordinary School, to attend Junior Training Centre	18
Not educationally subnormal	...	...	5
Deferred for later ascertainment under Section 34 or 57, Education Act, 1944	...	...	26
To leave school without need for supervision	...	2	
To leave Day Special School and return to Ordinary School	...	...	2
	—	53	
		—	171

One child was recommended to leave the Junior Training Centre to attend Nursery School.

During the year 50 appointments for the examination or ascertainment of handicapped pupils were not kept.

At the end of the year there were 118 ascertained educationally subnormal pupils at Sutton Day Special School, 117 at the Woodsetton School, (Dudley County Borough being responsible for 56 of these), 5 at Day Special Schools outside the Borough, 6 at Residential Special Schools and 166 awaiting places at Day or Residential Special Schools for educationally subnormal pupils.

- (f) **Epileptic Pupils**—"that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."

No pupils were ascertained as epileptic during the year.

- (g) **Maladjusted Pupils**—"that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment."

As at 31st December, 1968, 12 pupils were attending the following schools:—

St. Thomas More's, Nr. Totnes	...	...	...	...	1
Pitt House, Torquay	...	...	...	...	2
Ashley House, Staffordshire	...	...	...	...	2
Shenstone Lodge, Lichfield	...	...	...	...	2
Cicely Haughton, Stoke-on-Trent	...	...	...	...	1
Bladen House, Burton-on-Trent	...	...	...	...	1
Whittington Grange, Staffordshire	...	...	...	...	1
Swalcliffe Park, Nr. Banbury	...	...	...	...	1
Shotton Hall, Shrewsbury	...	...	...	...	1

Nine children were ascertained as maladjusted during the year.

- (h) **Physically Handicapped Pupils**—"that is to say, pupils not suffering from a defect of sight or hearing who by reason of disease or crippling defect cannot without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools."

Children with physical handicaps are ascertained at an early age and if it is considered that their disability makes it inadvisable for them to attend an ordinary school they are admitted to a school for physically handicapped children. In cases where any doubt exists, a trial period at an ordinary school is usually recommended.

Throughout the year 4 children attended the following schools daily:—

Wightwick Hall, Wolverhampton	...	...	...	1
Carlson House, Harborne, Birmingham	...	...	...	2
Wilson Stuart, Birmingham	...	...	...	1

10 children were at residential schools as follows:—

Bethesda Hospital School, Cheadle	...	...	...	2
Wightwick Hall, Wolverhampton	...	...	...	8

31 examinations of physically handicapped children were carried out during the year as follows:—

To receive home tuition on a permanent or semi-permanent basis	...	...	...	18
Re-examination (routine medical inspections etc. of children at residential schools)	...	...	...	13
				—
				31

Fourteen children throughout the Borough were receiving home tuition during the year for approximately five hours per week each.

- (i) **Pupils suffering from Speech Defects**—“that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”

No pupils were ascertained in this category but many who had speech defects were treated at schools and at various clinics by the Speech Therapist.

During the year under review the services of a full-time Speech Therapist were obtained, in addition to the two part-time Speech Therapists already working. One gratifying result of this is the very considerable reduction in the waiting list for treatment.

Details of the work done for the year are as follows:—

Number of attendances for treatment	...	...	1030
Number of attendances for interview	...	...	79
Number of attendances for review	...	...	208
			1317

Number of Referrals	85
---------------------	-----	-----	-----	-----	-----	----

Reasons for referral:

Dyslalia	...	...	...	...	...	66
Stammer	...	...	...	...	...	12
Others	...	...	...	...	...	7
						85

Sources of Referral:

Head Teachers	...	...	...	...	...	16
School Medical Officers	...	...	...	...	...	48
Others	...	...	...	...	...	21
						85

Number discharged during the year:

Cured	...	...	...	...	...	24
Maximum improvement	4
Others	6
						34

Number on waiting list at end of year	65
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- (j) **Delicate Pupils**—“that is to say, pupils not falling under any other category who, by reason of impaired physical condition, need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of an ordinary school.”

There were 5 children in this category in the following schools:—

Children's Convalescent Home and School, West Kirkby	...	...	...	...	...	...	2
Beacon School, Lichfield, (two brothers, who are also educationally sub-normal)	...	...	...	...	...	...	2
St. Mary's Wrestwood, Bexhill-on-Sea	...	...	...	...	...	...	1

Children Unsuitable for Education in School

A few children are so severely sub-normal that school attendance is never considered, but the majority enter an infants' school for a trial period, and are kept under observation. Only when it is apparent to parent, teacher and examining medical officer that the child is unsuitable for education at school is exclusion recommended.

During the year 18 children were ascertained as being unsuitable for education in school and attendance at the Junior Training Centre was recommended. These cases were all reported to the appropriate Committee of the Local Education Authority and in no case was any objection made by the parents to the action taken.

Tuition in Hospital

135 Dudley school children between the ages of 5 and 15 years were given tuition in hospital under Section 56 of the Education Act, 1944, and there were several pupils in hospital in other parts of the Country.

A teacher is employed by this Authority to visit hospital for two hours on Mondays, Tuesdays, Thursdays and Fridays in each week.

Conditions Requiring Hospital Treatment or Investigation

	1968				
Rheumatic condition	3
Chest condition	15
Ear, Nose and Throat condition	195
Ophthalmic condition	18
Orthopaedic condition	21
Skin condition	2
Surgical treatment	76
General investigations	62
Accidents and casualties	88

I am grateful for the continued co-operation of hospitals in sending details of admissions and discharges of school children. This improves liaison between the General Practitioner and the Health and Welfare Department, assists in the maintenance of complete school medical records and facilitates the visiting of children upon discharge from the hospital when necessary.

Infestation with Vermin

Each term, hygiene inspections are carried out in schools by the nurses. If a child is found to be verminous or infested with nits a letter is sent to the parents informing them of the condition together with cleansing instructions. If for any reason the cleansing regime cannot be carried out at home arrangements are made for this to be done at one of the clinics, but in most cases when the child is re-examined the school nurse finds no evidence of infestation. If, however, infestation is still present a cleansing notice is issued to the parent giving an appointment at the school clinic and the School Medical Officer may issue a cleansing order, in which case the child will be compulsorily cleansed. Those children heavily infested and excluded from school are re-admitted as soon as their condition is found to be satisfactory.

67,364 inspections were carried out during the year and arrangement made to ensure that the 708 pupils found to be infested were cleansed.

Employment of School Children

2390 children were examined as school-leavers and Forms Y.9 or Y.10 completed when necessary and sent to the Youth Employment Officer indicating the type of work for which the medical officer considered the child to be unsuitable.

It was found necessary to exclude 142 children from one or more of the following categories of work:—

In addition, children were also examined in accordance with the Bye-laws made under the Children and Young Persons Act, 1933, as amended by the Education Act, 1944, to undertake employment outside school hours. The number examined during the year was 343 and all children were found to be medically fit to carry out the following occupations:—

Shop Assistants	...	...	...	...	...	164
Newspaper delivery	...	...	...	...	...	133
Hairdressers	...	...	...	...	...	9
Others	...	...	...	...	...	37

Astley Burf Camp

As in previous years approximately 40 pupils went to this Camp each week from Monday to Friday throughout the Summer months, boys and girls alternating weekly. They were accompanied by teachers and their classes were held in the open air.

The Camp, which is under the control of the Education Committee, is situated in open country not far from the River Severn near Stourport.

Where necessary, children are medically examined at school or clinic before going to the Camp School.

The curriculum allows the children attending the Camp School to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. Special recreational activities are arranged in the evening by the teachers in charge of these parties.

Rotary Boys' House, Weston-Super-Mare

We are again indebted to Dudley Rotary Club for providing a free fortnight's holiday for 21 boys at Weston-Super-Mare.

The boys eligible are convalescent or debilitated children or those whose parents would not be able to provide them with a recuperative holiday by the sea. The continuing difficulty experienced over the last year or two in finding boys coming within this category has made it very apparent that the reasons for selecting these children are now more social than medical and this reflects favourably on the health of the school children in Dudley.

Medical Examinations of Teachers and Entrants to Courses of Training for Teachers

During the year, 183 candidates were examined for admission to Training Colleges and a medical report completed in each case and forwarded with Forms 4 R.T.C. to the appropriate College Authority. Each candidate agreed to X-ray examinations and it was possible to pass all as fit for admission to a course of training.

Entrants to the teaching profession completing an approved course of training continue to be examined by the College doctor, but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing Authority. These examinations require the completion and forwarding of Form 28 RQ together with the medical report to the Ministry of Education and an X-ray examination is compulsory. During the year, 60 medical reports were completed and all candidates were successful in passing the medical and X-ray examination.

Deaths of School Children

Eleven deaths occurred in children attending schools maintained by the Authority. The following are brief details:—

Case 1. A boy aged 6 years.

Vagal Inhibition. Immersion in water in canal. Misadventure.

Case 2. A boy aged 13 years.

Cardiac Failure. Broncho-pneumonia

Case 3. A girl aged 5 years.

Asphyxia from inhalation of smoke associated with shock from extensive burns. Sustained burns when bedroom caught fire from open coal fire. Accidental death.

Case 4. A boy aged 8 years.

Leukaemia.

Case 5. A boy aged 11 years.

Asphyxia due to epileptic convulsion.

Case 6. A boy aged 8 years.

Recurrent medullablastoma.

Case 7. A girl aged 5 years.

Cerebral Tumour.

Case 8. A boy aged 15 years

Pneumonia. Muscular dystrophy.

Case 9. A girl aged 13 years.

Uraemia. Congenital hypoplasia of one kidney. Second kidney absent.

Case 10. A girl aged 11 years.

Sickle cell anaemia.

Case 11. A girl aged 8 years.

Broncho-pneumonia. Fibrocystic disease.

The child who died from fibrocystic disease was well known to the School Health Service, having received home tuition for a considerable time.

A high proportion of the deaths of school children last year (six out of a total of twelve) was due to accidental causes. The proportion this year — two out of eleven — is much lower but it is a matter for the greatest regret that even one child should lose his life accidentally.

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
AND CLEANSING SUPERINTENDENT FOR THE YEAR ENDED
31st DECEMBER, 1968**

To the Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

I submit herewith my twenty fourth Annual Report on the work of the department for the period ending 31st December, 1968.

1. Meat and Food Inspection and Supervision of Food Premises.

The number of food animals slaughtered and inspected during the year numbered 51,755 as compared with 39,068 for 1967. This considerable increase was mainly due to a 50% increase in the number of sheep killed, but there was, in addition, a 16% increase in the number of pigs killed. In spite of the increased kill the amount of meat condemned fell from 8 tons 11 cwts. to 7 tons 1 cwt., and as in 1967, no evidence of tuberculosis was found in cattle slaughtered in the borough. The number of visits to slaughterhouses — 2,898, was about the same as in previous years.

At the nine slaughterhouses under the control of the department a high standard of food hygiene was maintained during the year, due to the continued vigilance of the Inspectors and, I am glad to say, the willingness of the occupiers to co-operate with the department.

The number of visits to food premises during the year was well up to average, and generally standards were satisfactory. I am of the opinion, however, that an improvement in the frequency of visits to food establishments of all kinds is desirable and where possible it will be the aim of the department to achieve this in the future.

Food sampling, on a carefully selected basis continued throughout the year, and as in previous years, considerable attention was given to the labelling of foodstuffs. It was necessary to ask seven manufacturers to change their form of labelling in respect of one or more of their products, and in every case agreement was reached.

Strict controls were exercised in the early part of the year due to the continuance of the outbreak of Foot and Mouth disease in the region, which commenced in the latter part of 1967. The administrative work involved was considerable for some months.

2. Housing.

Further progress was made during the year in all aspects of housing, and whilst it is too early yet to report that the problem of the unfit house has been solved, the continuing implementation year by year, of a planned programme is resulting in a marked

increase in housing standards throughout the County Borough. The one adverse feature to which I must refer is the continuing deterioration in many houses which a few years ago would not have been considered for demolition, but which, owing mainly to disrepair, are now falling into the unfit house category. The effect of lack of maintenance is cumulative, and this, together with the reluctance of many owners to consider improving tenanted property, will undoubtedly lead to problems for the Corporation in the not too distant future.

The total number of houses included in Clearance or Compulsory Purchase Orders during the year was 224, and in addition, 148 houses were dealt with under Demolition or Closing Orders. The number of houses demolished — 661 was higher than in the previous year.

There was a welcome increase in the number of applications for Improvement grants, and during the year 158 applications were approved, but the figure is still far too low.

Reference is made elsewhere in the Report to efforts which have been made throughout the year to contain the problem of the "house in multiple occupation". The vigorous and sustained work which has been put in to this part of housing is worthy of emphasis. It is often unpleasant and frustrating, but had it not been done, I am convinced that the problem of houses in multiple occupation in the County Borough would have been much more serious than it now is.

3. Smoke Control.

I am grateful for the continued interest of the Council in this field of activity, as a result of which it was possible to make further progress during the year. Individuals are as much entitled to clean air as they are to clean food and clean water, and I am particularly pleased to report that as a consequence of work done during the year approximately half of the County Borough is now affected by Smoke Control Orders. The department has still a long way to go, but at least one milestone on the way has been reached.

Work on the prevention of industrial pollution has continued with a fair amount of success. Problems still exist, but the general outlook is favourable, and no effort will be spared to maintain this.

4. Noise.

Complaints of excessive noise have increased considerably during the year, and a considerable amount of time, often outside normal hours, has had to be spent in their investigation. In the main complaints have come from persons living near to industrial premises, but a newcomer this year has been the noise, if one is permitted to use this word, caused by the "pop groups" playing in increasing numbers at licensed premises. Whether the trend is to louder noise for its own sake, or to increased sound amplification, is debatable, but certain it is that the rooms and halls in which it is played were not designed for the type of music being played to-day, and there will have to be

either a change in composition and style, or more sound proofing if complaints are to be satisfied.

5. Offices, Shops and Railway Premises Act.

Reference is made in another part of the report to the fact that during the year all premises in the County Borough affected by this enactment were inspected.

It had been my impression for some time that application to register many premises which were affected by the Act had not been made, and it was therefore decided to carry out a complete survey. I am particularly pleased that this task was accomplished in spite of the many other calls on the time of the Inspectors.

There were only 33 reported accidents during the year, and as 9,378 persons are employed in premises affected by the Act, one wonders whether employers are in all cases reporting accidents among their employees.

Mr. B. Hartley, Manager, Upper Stour Main Drainage Authority, has again been kind enough to supply information regarding sewage disposal.

I hope that members of the Council will find in this Report something of interest. An effort has been made throughout the year to give attention to all matters for which I am responsible to the Council, and the support I have received from all members of the staff at all times is greatly appreciated. They have been willing, both inside and outside normal hours, to give of their best, and I am grateful to them.

As always, the support I have received from all members of the Council has been a source of great encouragement to me, and I am deeply appreciative of it.

I am, Ladies and Gentlemen,
Yours obediently,

W. PARKER

Chief Public Health Inspector
and Cleansing Superintendent

INSPECTION OF MEAT

The following table gives particulars of carcasses and organs unfit for consumption and tabulates causes for condemnation.

Carcases Inspected and Condemned

	Cattle	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5,310	138	5	32,187	14,115
Number inspected	5,310	138	5	32,187	14,115
All diseases except tuberculosis and cysticerci:					
Whole carcasses condemned	—	—	—	6	4
Carcasses of which some part or organ was condemned ...	736	3	2	1,056	1,245
% of the number inspected affected with disease other than tuberculosis and cysticerci	13.86%	2.17%	40%	3.29%	8.82%
Tuberculosis only:					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	—	—	—	—	60
% of the number inspected affected with tuberculosis	—	—	—	—	0.43%
Cysticercosis:					
Carcasses of which some part or organ was condemned	—	—	—	—	—
Carcasses submitted to treatment by refrigeration ...	1	—	—	—	—
Generalised and totally condemned	1	—	—	—	—

Meat Condemned

	Cattle	Cows	Sheep	Pigs	Total
Carcasses	—	—	6	4	10
Livers	322	—	949	612	1,883
Lungs	405	—	87	534	1,026
Heads	12	1	—	73	86
Kidneys	2	—	—	10	12
Hearts	14	—	3	38	55
Hocks	—	—	—	4	4
Spleens	5	—	—	5	10
Cheeks	—	—	—	—	—
Udders	—	2	—	—	2
Collar	—	—	—	1	1
Feet	—	—	—	4	4
Legs	—	—	2	1	3
Stomachs and Intestines ...	—	—	—	3	3
Plucks and Frys	—	—	60	138	198
Tongues	2	—	—	—	2
Part Carcasses	—	—	1	4	5

SUPERVISION OF FOOD PREMISES

The following visits were made to food establishments during the year:—

General food shops	...	...	...	...	774
Food preparing premises subject to registration					102
Canteens	...	...	...	...	286
Restaurants	...	...	...	...	348
Fried fish premises	...	...	...	...	278
Butchers	...	...	...	...	124
Licensed premises	...	...	...	...	460
Licensed premises with catering facilities					135
Bakehouses	...	...	...	...	130
Food vehicles and stalls	...	...	...	...	226
Other food preparing premises	...	...	...	...	157

As a result of these visits 397 notices have been served and 202 notices complied with. 68 premises were brought up to the standard required by the Food Hygiene Regulations.

Premises registered under Section 16 of the Food and Drugs Act, 1955:—

Premises registered for the preparation or manufacture of sausages only	...	...	...	7
Premises registered for the preparation or manufacture of potted, pickled, or preserved food				28
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food	...	...	...	8

314 premises are registered under Section 16 (1) (b) and are classified as follows:—

Premises registered for the manufacture of ice cream	9
--	-----	-----	-----	-----	-----	---

Premises registered for the sale and storage of ice cream	305
---	-----	-----	-----	-----	-----	-----

During the year 296 visits were made by Inspectors to registered ice cream premises for inspection purposes or the procuring of samples for bacteriological examination or for chemical analysis.

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 931 visits to food premises for the purpose of food inspection, other than meat inspection.

Food condemned:

	Total		Total
Baby foods (tins) ...	122	Milk evaporated (tins)	772
Baked beans (tins) ...	189	Milk food (tins) ...	3
Beef stock tablets ...	240	Mincemeat (tins) ...	95
Buttermilk (cartons) ...	2	Mousse, frozen (pkts.)	141
Cakes (pkts.) ...	39	Pastry, frozen (pkts.) ...	238
Cereals (pkts.) ...	22	Peanut Butter (pkts.) ...	48
Cheese (lbs.) ...	165	Pickles (jars) ...	1
Cheese (pkts.) ...	166	Pie filling (tins) ...	29
Chips, frozen (pkts.) ...	79	Pies, broken (lbs.) ...	134
Coconut (pkts.) ...	10	Pork pies (individual) ...	36
Coffee (tins) ...	5	Potatoes (tins) ...	126
Continental meats (lbs.)	3	Puddings (tins) ...	18
Cream (tins) ...	66	Rice (tins) ...	191
Custard Powder (tins)	6	Rice puddings (tins) ...	84
Dinners, frozen ...	9	Rissoles, frozen ...	138
Drinking chocolate (tin)	1	Salad Cream (bottles)	19
Drinks (tins) ...	128	Sago (tins) ...	65
Dumplings (tins) ...	13	Sausage (lbs.) ...	79
Faggots, frozen (pkts.)	6	Sausage (tins) ...	50
Fat (lbs.) ...	2	Sausage rolls (pkt.) ...	1
Fish (tins) ...	237	Soup (tins) ...	5234
Fish, frozen (pkts.) ...	1296	Snack meals ...	251
Fish spread (jars) ...	45	Spaghetti (tins) ...	363
Flour (bag) ...	1	Stew (tins) ...	15
Fruit (tins) ...	1278	Stewed steak (tin) ...	1
Gravy tablets ...	264	Sweets (pkts.) ...	59
Hamburgers (tins) ...	7	Syrup (tins) ...	8
Honey (jars) ...	29	Sweetcorn (tins) ...	6
Jam (jars) ...	8	Tapioca (tins) ...	7
Jelly (pkts) ...	192	Tomatoes (tins) ...	530
Lollipops, frozen ...	8	Tomato juice (tins) ...	4
Macaroni (tins) ...	13	Tomato ketchup (bottles) ...	300
Marmalade (jars) ...	56	Vegetables (tins) ...	2487
Meat (lbs.) ...	167	Wheatmeal (pkts.) ...	26
Meat (tins) ...	1551	Yoghurt (cartons) ...	222
Meat, frozen (pkts.) ...	148	Yorkshire pudding (pkts.) ...	9
Meat Pies ...	183		

DISEASES

		<i>Cattle lbs</i>	<i>Cows lbs</i>	<i>Sheep & Lambs lbs</i>	<i>Pigs lbs</i>	<i>Total lbs</i>
Pleurisy	...	2,968	—	16	603	3,587
Parasites	...	401	—	20,30	1,187	3,618
Abscesses	...	2,458	—	58	142	2,658
Pneumonia	...	88	16	47	398	549
Tuberculosis	...	10	—	—	748	758
Gangrene	...	—	—	—	103	103
Pericarditis	...	10	—	—	36	46
Distomatosis	...	548	—	6	—	554
Echinococcus Cysts	...	247	—	47	21	315
Peritonitis	...	93	—	—	170	263
Petechia	...	—	—	—	2	2
Contamination	...	—	—	3	—	3
Teianectasis	...	66	—	—	—	66
Fluke	...	88	—	98	—	186
P.P. Peritonitis	...	—	—	16	712	728
Hepatitis	...	—	—	—	367	367
Bruising	...	20	—	67	167	254
Caicification	...	10	—	—	—	10
Fever	...	—	—	25	—	25
Cirrhosis	...	71	—	5	26	102
Actinomycosis	...	190	—	—	11	201
Cysticercus	...	540	—	2	—	542
Arthritis	...	—	—	—	13	13
Congestion	...	46	—	6	73	125
Septicaemia	...	—	—	—	160	160
Nephritis	...	12	—	2	—	14
Mastitis	...	—	60	—	—	60
Milk Spot	...	—	—	6	71	77
Pyaemia	...	—	—	85	—	85
Fatty Infiltration	...	14	—	5	—	19
Emaciation	...	—	—	58	—	58
Septic Metritis	...	—	—	54	—	54
Actino Bacilliosis	...	3	—	—	—	3
Decomposition	...	—	—	—	120	120
Fascoilia	...	29	—	47	—	76

Total weight of meat condemned — 7 tons 1 cwt. 9 lbs.

Visits to slaughterhouses — 2,898

Disposal of Condemned Food

Meat offal and tinned foods are disposed of by incineration at Lister Road Depot. Carcase meat after staining, is sold to a firm of fertiliser manufacturers.

Poultry Inspection

There are now no poultry processing premises within the Borough.

The actual samples taken during the year were as follows:—

	<i>In-formal</i>	<i>For-mal</i>	<i>Commodity</i>	<i>In-formal</i>	<i>For-mal</i>
Alcoholic Drinks	...	9	—	Jellies	...
Baby Foods	...	5	—	Lollies	...
Beer	...	5	—	Marzipan	...
Beverages	...	4	—	Mincemeat	...
Biscuits	...	7	—	Meat	...
Bread	...	4	—	Meat (canned)	...
Butter	...	4	—	Meat products	...
Cereals	...	7	—	Milk	...
Cheese	...	3	—	Milk (canned)	...
Chewing Gum	...	1	—	Non-brewed condiment	2
Coconut	...	1	—	Pancake Mixture	...
Coffee	...	3	—	Pasta	...
Confectionery	...	15	—	Pickles	...
Cooking oils	...	4	—	Preserves	...
Cooking fats	...	1	—	Rice	...
Cream	...	3	—	Sauces	...
Custard Powders etc.	3	—	—	Sausages	...
Drugs	...	43	—	Soft drinks	...
Fish	...	1	—	Soup	...
Fish products	...	1	—	Spices	...
Fish (canned)	...	5	—	Spirits	...
Flour	...	6	—	Spreads	...
Food colours	...	9	—	Suet	...
Food flavours	...	7	—	Sugar	...
Fruit (canned)	...	1	—	Sugar substitutes	...
Fruit (dried)	...	9	—	Sweets	...
Ghee	...	1	—	Vegetables (canned)	2
Ice Cream	...	5	—	Vegetables (dried)	...
				Yogurt	...

The following samples were taken for pesticides:

Lard	...	...	1
Lettuce	...	...	1
Beef sausage	...	1	

SAMPLING FOR CHEMICAL ANALYSIS

During the year 12 formal samples of food, 297 informal samples of food and 43 informal drugs were taken. Adverse reports were received on 11 samples, details of which are as follows:—

Name of Article	Result of Analysis	Remarks and action taken
Cola and Rum Food Colour	Contained 0.8% proof spirit. Low for "cola and rum". Not labelled in accordance with Colouring Matter in Food Regulations, 1966.	New formula used and re-labelled. New Labels provided.
Food colour	Not labelled in accordance with Colouring Matter in Food Regulations, 1966.	New labels provided.
Beef Chow Mein Instant Coffee	Low in meat content—16% Compound food. Description "instant coffee" mis- leading. Label not in accordance with Colouring Matter in Food Regulations, 1966. Contained 70 grains saccharin per 10 gallons. Slight excess.	New labelling agreed with Manufacturer. Letter sent to Manufacturer. New labelling agreed with Manufacturer. New Labelling agreed with Manufacturer.
Food Colour		Letter sent to Manufacturer. Formula checked.
Orange Crush		
Cochineal Food Colour		
Stewed Steak with Gravy		
Grape Soda		
Rum		
		Investigation proceeding with Importer. Formal sample to be taken. No action taken.

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959**MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1963**

The number of premises registered under the Milk and Dairies Regulations, at the end of the year 1968 was 9.

Dealers licences in force under the Milk (Special Designations) Regulations, 1963 were as follows:—

Pasteurised	...	...	...	...	...	62
Sterilised	...	...	...	...	...	265

At the end of 1968 there were 302 milk distributors registered with the Local Authority.

MILK SUPPLIES—BRUCELLA ABORTUS

No raw milk is sold in the Borough and sampling for this organism was therefore unnecessary.

BACTERIOLOGICAL EXAMINATION OF MILK

Designation	Total Number of samples taken	Methylene Blue Tests		Phosphatase Tests		Turbidity Tests		Colonies per 1 ml of milk
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Sterilised ..	41	—	—	—	—	41	1	—
U.H.T. ..	1	—	—	—	—	—	—	Nil (Satisfactory)
Pasteurised ..	84	84	—	84	—	—	—	—
Totals ..	126	84	—	84	—	41	1	—

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no plants in the County Borough affected by these Regulations.

FOOD AND DRUGS ACT, 1955**LABELLING OF FOOD ORDER, 1953**

Seven samples of food were found to be unsatisfactorily labelled. The Manufacturers in each case agreed to re-label their products.

ICE CREAM AND ICED LOLLIPOPS

During the year 185 samples of ice cream and 44 samples of iced lollipops were submitted for bacteriological examination. All the lollipops were reported as satisfactory. 18 samples of ice cream were considered unsatisfactory. All these unsatisfactory results were investigated and advice given regarding the proper use of sterilants. In one instance it was found that the manufacturer had borrowed a chemical steriliser from the local soft drink manufacturer which was unfortunately not used in sufficient strength to sterilise his equipment.

Large numbers of soft ice cream vendors are still operating throughout the Borough, some of whom are most careless in presenting themselves in a favourable light to the public, their vehicles are often externally dirty even though clean inside.

The point has been made to all operators that the public can be selective in buying and that a dirty appearance must affect their trade. The few, however, still trade with vehicles in these conditions.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

<i>Provisional Grade</i>	<i>Soft Ice Cream</i>	<i>Ice Cream Mix</i>	<i>Hard Ice Cream</i>
1	48	75	24
2	2	15	13
3	1	5	2
4	—	—	—
Totals	51	95	39

COMPLAINTS REGARDING UNFIT OR CONTAMINATED FOOD

263 visits were made during the year, as a consequence of 36 complaints of unfit food or food not of the nature, substance or quality demanded by the purchaser.

In 4 instances successful legal proceedings were instituted with the following results:—

1. A retailer fined £10 for sale of a mouldy loaf.
2. A retailer fined £10 and £5 costs for sale of mouldy mushrooms.
3. A retailer/manufacturer fined £25 for sale of mouldy apple turnover.
4. A manufacturer fined £50 and £10 costs for sale of packet of soup with cigarette remains inside.

Nature of Complaint

Mouldy foods	...	...	...	...	10
Other than mould	...	...	...	...	3
Insects in food	...	...	...	...	3
Various objects in food	...	...	...	...	8
Insufficient evidence or complaint not justified	...	...	...	...	11

The above table shows that mould in foodstuffs is the greatest single source of complaint. Invariably the cause was found to be confusion over stock rotation rather than bad storage conditions.

Various objects, perhaps not all of equal significance were reported found in food, e.g. splinters of glass from defective capping of the jar, a metal chip from the knife of a sausage bowl chopper and a wasp in a tin of pears. These can perhaps be considered as natural hazards of the food industry which can only be prevented by efficient inspection. However, a cigarette in a packet of foodstuffs can only be considered as gross negligence.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

From the following table it will be seen that some samples of fresh cream and synthetic cream have been unsatisfactory. Comparing these results with previous years it is noted that this is an improvement over previous years. 92.5% satisfactory compared with 79% in 1967 and 78% in 1966.

Sample	No. Taken	No. Unsatisfactory
Meat Pies	...	1
Sliced meats	...	—
Flour confectionery	...	2
Fresh cream	...	17
Synthetic cream	...	48
Shell Fish	...	4

FOOD AND DRUGS ACT, 1955
FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The number of premises in the Borough affected by these regulations are as follows:—

Premises	Number	Wash hand basins provided in accordance with Regulation 17	Premises to which Regulation 19 apply	Premises provided with sinks in accordance with Regulation 19
Fried Fish	69	69	69	69
Restaurants, Cafes and Snack Bars	46	46	46	46
Licensed premises—full catering	27	27	27	27
Licensed premises only	307	307	307	307
Large canteens and clubs	136	136	136	136
Registered Ice Cream manufacturers ...	7	7	7	7
Registered Sausage manufacturers	8	8	8	8
Registered sausage and potted and preserved meat manufacturers	8	8	8	8
Registered potted, pickled or preserved food manufacturers ...	31	31	31	31
Bakehouses	12	12	12	12
Slaughterhouses ...	10	10	10	10
Grocers	271	271	271	271
Greengrocers	64	64	64	64
Butchers	138	138	138	138
Wet Fish Shops ...	17	17	17	17
Confectioners	24	24	24	24
General food shops ...	171	171	171	171

HOUSING

The position at the end of the year in respect of those dwellings dealt with in Clearance Areas was as follows:—

1. Outstanding from the representation stage:—

Rosehill Quarry Bank ...	1 area involving 5 unfit houses
Caddick Street, Coseley ...	1 area involving 10 unfit houses
Bank Street	4 areas involving 19 unfit houses
Brockmoor	5 areas involving 54 unfit houses
West Street, Lower Gornal	1 area involving 7 unfit houses
Vicarage Road West ...	1 area involving 7 unfit houses
High Street, Wallheath ...	1 area involving 4 unfit houses

2. The Council made the following Orders during 1968:—

Lower Gornal Compulsory Purchase Order	involving 103 unfit houses
Baptist End Clearance Order	involving 17 unfit houses
Baptist End Compulsory Purchase Order	involving 44 unfit houses
Bilston Street Compulsory Purchase Order	involving 22 unfit houses
Pearson Street Compulsory Purchase Order	involving 4 unfit houses
Withymoor Road Compulsory Purchase Order	involving 18 unfit houses
Ruiton Street Compulsory Purchase Order	involving 5 unfit houses
Ruiton Street Clearance Order	involving 11 unfit houses

3. The following Orders were confirmed during 1968 with the results as shown:—

	Represented	Confirmed
Abberley Street Compulsory Purchase Order	25	25
Withymoor Road Clearance Order ...	4	4
Withymoor Road Compulsory Purchase Order	18	18
Penzer Street Compulsory Purchase Order	4	4
Ruiton Street Compulsory Purchase Order	5	5
High Street Wordsley Clearance Order	4	4

Demolitions

During the year 412 unfit properties included in Clearance Orders or Compulsory Purchase Orders were demolished. A further 93 fit houses in Compulsory Purchase Orders and 156 properties subject to Demolition Orders were demolished. Total properties demolished in the year was 661.

Rehousing

1,449 lettings became available during the year, and this figure excludes any properties utilised for exchange or transfer purposes. Available lettings in multi-storey flats are included.

The lettings can be classified as follows:—

New Houses	...	...	...	629
Re-lets	...	...	...	820

Of this total 424 lettings were allocated to families living in unfit properties of all categories. A further 41 families were rehoused from fit properties in Compulsory Purchase Orders, making a final total of 465 families rehoused.

Individually Unfit Properties

Number of Closing Orders made (Section 17)	...	...	18
Number of Demolition Orders made (Section 17)	...	...	119
Number of Closing Orders made (Section 18)	...	...	11
Number of houses demolished during the year following Demolition Orders	...	...	156
Number of houses made fit and Orders rescinded	...	...	12

Number of persons displaced:—

(a) individuals	...	...	...	1,201
(b) families	...	...	...	455

Housing Visits

The following visits were made during the year:—

Clearance Area inspections	...	...	...	...	128
Individually unfit inspections	...	...	...	...	203
Clearance Area re-inspections	...	...	...	...	221
Individually unfit re-inspections	...	...	...	...	170
General inspections	...	...	...	...	510
Improvement area visits	...	...	...	...	335
Improvement grant visits	...	...	...	...	875
Housing visits for medical reasons	...	...	...	...	51
Dangerous structures	...	...	...	...	12
Miscellaneous	...	...	...	...	1,235
Mapping visits	...	...	...	...	26
Rent Act visits	...	...	...	...	8
Houses in mortgage to the Corporation	...	...	...	...	503
Visits where no access gained	...	...	...	...	836

Land Charge Searches

During the year enquiries were made with regard to 3,322 applications for official searches.

Housing Act, 1964

Improvement of Houses by Improvement Area procedure

No further Improvement Areas were declared, but work in connection with the existing four areas was continued. The necessary notices were served, and owners assisted with information and advice as to availability of improvement grants. Survey of the town reveals that there are few areas with sufficient numbers of improvable houses to warrant declaration of further improvement areas.

Improvement of Houses Outside Improvement Areas

The policy of visiting the tenants of individual improvable houses to inform them of the provisions of the Housing Act enabling them to require improvements, was continued. Many tenants were ignorant of these provisions, and were appreciative of the interest taken in their houses.

About half of those approached made representations to the Authority for the provision of bathrooms and other facilities. At the interviews held following the service of preliminary notices many owners expressed willingness to proceed with the necessary works. Incidental repairs were carried out at the same time as the improvement work.

Improvement Grants

STANDARD

		Owner- Occupiers Standard 5 point	Tenanted Standard 5 point
1. Number of applications received	... ...	—	—
Number of applications approved	... ...		158
Number of applications refused	... ... ...		0
2. Number of dwellings improved	... ... ...	52	56
3. Amount paid in grants	... £8,063.12.1d.	£10,387.15.10d.	
4. Average grant per house	... £155. 1.4d.	£185. 9.11d.	
5. Number of amenities provided—			
(a) fixed bath	... ...	45	48
(b) shower	... ...	—	1
(c) wash hand basin	... ...	48	55
(d) hot water supply (to any fittings)	... ...	47	55
(e) water closet—			
within dwelling	... ...	49	48
accessible from dwelling	... ...	0	0
(f) foodstores	... ...	34	32

DISCRETIONARY

		Owner- Occupiers	Tenanted
1. Number of applications received	—	—

2.	Number of applications approved	... ...	6	16
3.	Number of applications refused	... ...		1
4.	Number of dwellings improved	... ... ...	9	18
5.	Amount paid in grants	... £3,466. 1.5d.	£5,678.15. 7d.	
6.	Average grant per house	... £385. 2.5d.	£315. 9. 9d.	

Housing Act, 1964 — Improvement Areas

1.	Number of —		
1.	Areas (a) Surveyed .....	.....	Nil
	(b) Declared .....	.....	Nil
2.	Houses to be improved —		
	(a) Full standard .....	.....	Nil
	(b) Reduced standard .....	.....	Nil
3.	Preliminary Notices served .....	.....	45
4.	Undertakings accepted .....	.....	Nil
5.	Immediate improvement notices served .....	.....	54
6.	Suspended improvement notices served .....	.....	6
7.	Final improvement notices served .....	.....	Nil
8.	Dwellings improved —		
	(a) full standard .....	.....	21
	(b) reduced standard .....	.....	Nil
9.	Dwellings improved by Local Authority in default —		
	(a) full standard .....	.....	Nil
	(b) reduced standard .....	.....	Nil

Dwellings outside Improvement Areas:—**Number of —**

1.	Representations made by tenants	50
2.	Preliminary notices served	45
3.	Undertakings accepted	Nil
4.	Immediate improvement notices served	54
5.	Such dwellings improved —	
	(a) full standard	33
	(b) reduced standard	Nil

HOUSES IN MULTIPLE OCCUPATION

This important aspect of housing legislation continued to receive regular attention in that all houses known to be in multiple occupation and particularly those upon which Direction Orders are operative were visited on several occasions during the year.

I am satisfied that there has been no noticeable escalation in numbers of houses used for this purpose despite the exodus from Kenya, and this I feel is due to the policy of strict enforcement of Direction Orders. In fact it is true to say that there has been an overall decrease in houses known to be in multiple occupation. There will always be a hard core of resistance at properties where it is difficult to effect any lasting improvement either structurally or with regard to numbers of occupants, but it is hoped that in the long term even these recalcitrant landlords will toe the line. I have always maintained that the policy is in fact long term, and the results of hard and sustained effort are now showing. Reduction of occupants is in my opinion as effective as the alternative of providing amenities, and inevitably results in the maintenance of better housing conditions, and this I am sure is the ultimate answer to the immigrant problem, either by Council rehousing, or, as is the trend, by the immigrants themselves providing their own accommodation, and this is normally in the clusters of immigrant populations with which they like to surround themselves.

The role of the Public Health Inspector has always been to help rather than to hinder, and only when this is fully appreciated will the unpleasantness involved in the administration of the Housing Act, 1961, disappear. There is far too much ingrained suspicion of officialdom, and this veneer is hard to penetrate. One wonders if there is not a case for the various immigrant organisations to spread the gospel of co-operation.

The table below sets out in more detail the action which has been taken by the department during the year under review.

1. Total number of houses known to be in multiple occupation	150
2. Number of houses estimated to need attention under Housing Act, 1961	120
3. Number of houses on which notices of intention have been served for —	
(a) Management Orders (Section 12)	4
(b) Directions on overcrowding (Section 19) ...	37
4. Number of houses on which have been made —	
(a) Management Orders	4
(b) Directions on overcrowding	34

5. Number of notices served —		
(a) to make good neglect of proper standards of management (Section 14)	3	
(b) to require additional services or facilities (Section 15)	Nil	
(c) where work has been carried out in default	Nil	
6. Number of prosecutions since passing of housing Act, 1961 in respect of —		
(a) management	2	
(b) directions	4	
(c) overcrowding (Section 90 Housing Act, 1957)	4	
7. Number of control orders made (Housing Act, 1964)	Nil	
8. Number of control orders terminated	1	
9. Number of notices under Section 90 (Housing Act, 1957)	13	

52 inspections and 730 re-inspections were made during the year.

SANITARY ADMINISTRATIONS

Particulars of inspections

During the year 599 inspections and 761 re-inspections were made under the Public Health Act, 1936.

The number of preliminary notices served was 82 and the number complied with was 64. Statutory notices numbered 15 and 19 were complied with.

DOMESTIC WATER SUPPLY

The supply to the County Borough of Dudley is derived from pumping stations situated outside the boundaries of the Authority. Chlorination is practised in all cases.

During 1968 1,034 samples of chlorinated water were examined, 1,030 of which were free from coliform bacteria.

256 samples of raw water were all free from coliform bacteria, 156 samples of the water prior to treatment at Hampton Loade gave an average coliform bacteria content of 230 per 100 ml., and 53 from Sandfields, an average of 26 per 100 ml.

In general none of the supplying stations contain any significant amounts of naturally occurring fluoride. The fluoride content at Coseley was 0.13 p.p.m., at Dudey 0.05 p.p.m., and at Netherton 0.09 p.p.m.

Samples were examined within the Borough from:—

- Cawney Hill Reservoirs Nos. 1 and 2
- Sedgley Tanks Nos. 1 and 2
- Sedgley Reservoir
- Shavers End Reservoirs Nos. 1 and 2
- Shavers End Re-pumping Station
- Springsmire Reservoir
- Turners Hill Tank
- Watermans House, Brierley Hill
- Bayer Hall, Coseley
- 44 Abberley Street, Dudley
- 12 Oak Street, Kingswinford
- Watermans House, Netherton
- Watermans House, Sedgley

107 out of 115 samples from the reservoirs and tanks were free from coliform bacteria, together with 13 out of 14 samples from Shavers End Re-pumping Station.

10 tap samples from Brierley Hill, 17 from Coseley, 14 from Dudley, 10 from Kingswinford, 13 from Netherton and 11 from Sedgley were all free from coliform bacteria.

The waters are not liable to plumbo-solvency, all the tap samples being free from any appreciable quantities of lead.

MAINS WATER SUPPLY

25 samples of mains water have been taken for analysis. 2 unsatisfactory results were attributed to the service pipes in the premises.

In one case a heavy copper content in the water was due to galvanised iron pipes and underground service copper pipes. The piping was relaid to give a satisfactory supply.

WATER SUPPLY

No. of premises (excluding Council Houses) having a private water supply (estimated)	...	...	...	45,524
Council Houses	...	...	...	26,677
No. of premises having common water supplies (estimated)	...	...	...	1,000

SEWERAGE AND SEWAGE DISPOSAL

A small part in the north eastern part of the Borough drains to the Upper Tame Main Drainage Authority, but the remaining major part of the Borough drains to the Upper Stour Main Drainage Authority, who also deal with the sewage flow from the Boroughs of Stourbridge and Halesowen and part of the County Borough of Warley.

The Dudley area of the Upper Stour Main Drainage Authority is drained as follows —

1. A newly constructed Sewage Treatment works at Gospel End gives full treatment to the flow from the Sedgley area of the Borough.
2. The Lower Gornal Sewage Treatment works continues to give full treatment to the several parts of the Gornal District and the Russells Hall area.
3. Sewage from the central and older area of Dudley is still dealt with by irrigation over farmland in the Swindon area.
4. The Netherton and Quarry Bank part of the Borough is drained to a newly constructed Freehold Sewage Treatment works in Lye.
5. Two new pumping stations one at Wallheath and one at Kinver Street give full treatment in the Kingswinford and Wordsley areas of Brierley Hill. The combined capacity of these Pumping Stations, and the additional trunk sewer has eliminated former pollution of the local streams at this point. The sewage from all areas of Brierley Hill continues to be treated by land irrigation methods at the Roundhill Sewage Farm. A contract has been let for the construction of a new sewage treatment works at Roundhill at an estimated cost of £1,500,000. Work is expected to commence in 1969 and the contract period is two years. This works will treat the whole of the sewage and trade waste flow from the areas of Kingswinford, Wallheath, Wordsley, Brierley Hill, Pensnett, etc.

Trade Waste Control

A comprehensive scheme has been adopted by the Upper Stour Main Drainage Authority for trade waste control.

Rivers and Streams

The Drainage Authority have undertaken biological surveys of all the local streams, and in conjunction with the Severn River Authority, are exercising control of trade and other polluting discharges.

INFECTIOUS DISEASE

780 visits were made during the year, most of which were concerned with investigations into gastro enteritis and dysentery.

RODENT CONTROL

Two sewer treatments were carried out during the year. The following is a table of work carried out under this heading during the year.

		Type of Property	
		Non-	
		Agricultural	Agricultural
1.	Number of properties in district ...	69,917	17
2.	(a) Total number of properties (including nearby premises) ...	1,500	—
	(b) Number infested by (i) rats (ii) mice	1,089 221	— —
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	—	—
	(b) Number infested by (i) rats (ii) mice	— —	— —

FACTORIES ACT, 1961**PART 1 OF THE ACT**

1.—Inspections for purposes of provisions as to Health (including inspections made by Public Health Inspectors.)

Premises (1)	Number on register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	102	40	2	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	573	73	20	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	10	—	—	—
Total	685	113	22	1

2.—Cases in which DEFECTS were found—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	by H.M. Inspector (5)	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	1	1	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	2	2	—	—	—
(b) Unsuitable or defective	17	15	—	2	—
(c) Not separate for sexes	6	5	—	2	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	26	23	—	4	—

PART VIII OF THE ACT
Outwork
(Sections 133 and 134)

<i>Nature of Work</i> (1)	<i>No. of out workers in August list required by Section 133(1)(c)</i> (2)	<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of prosecu- tions for failure to supply lists</i> (4)	<i>No. of instances of work in unwhole- some premises</i> (5)	<i>Notices served</i>	<i>Prose- cutions</i>	<i>(7)</i>
					<i>(6)</i>	<i>(7)</i>	
Carding of buttons etc	201	—	—	—	—	—	—

SMOKE CONTROL ORDERS

During the year 3 Orders became operative, three Orders submitted to the Ministry of Housing and Local Government were confirmed, and a further three Orders were approved by the Council for submission to the Ministry in 1969.

When the three confirmed Orders are operative this will bring a further 3,841 houses and 122 industrial and commercial premises under smoke control. The land covered by the three Orders is 991 acres. When these three Orders are operative, 6,201 acres and 29,061 houses within the Borough will be covered by Smoke Control Orders.

As can be seen from the above figures we have roughly reached the halfway stage in our Smoke Control programme, there being approximately a further 30,000 dwellings within the Borough not yet covered by Smoke Control Orders.

Claims for grants totalling £18,429.16.8d. were approved for payment in 1968.

The following visits were made during 1968 to Smoke Control Areas or proposed areas —

Number of visits re survey	...	...	...	3,016
Number of visits in confirmed areas	...	...	...	1,980
Number of visits in operative areas	...	...	...	111
Number of visits to advise occupiers	...	...	...	285
Adaptations completed	...	...	...	646

INDUSTRIAL AIR POLLUTION

Those premises from which nuisance is likely to occur are kept under observation from time to time. One process that has given rise to complaints is the open cast coal mining. It is extremely difficult to carry out this form of mining without creating a nuisance in one form or another.

The Minister of Housing and Local Government has made Regulations under Section 7 of the Clean Air Act, 1956, governing the emission of grit and dust from industrial furnaces. The Regulations, together with the recommended standards of emission to be used in conjunction with the Regulations, should ensure that in the event of lack of co-operation on the part of a particular Company, the Council will have the power to require compliance with the provisions of the Act and Regulations. I must however add that in the main industrialists have co-operated with the officers of the Public Health department over the years to the extent that very few plants operating within the Borough do not already meet the latest requirements.

438 observations were made of smoke from industrial chimneys, as a consequence of which 62 visits were made to various premises. In addition 300 visits were made with regard to emission of grit and dust.

AIR POLLUTION RECORDING

Daily recordings have been taken throughout the year from the smoke and sulphur dioxide recording machines. The figures continue to show a gradual improvement over the country as a whole. It is expected that as natural gas becomes more readily available both to industry and domestic consumers, a greater improvement to the atmosphere will take place, particularly in the reduction of sulphur dioxide.

CHIMNEY HEIGHTS

Consideration was given to heights of 12 proposed new chimneys, and agreement to comply with the Memorandum on Chimney Heights was obtained in all instances.

NOISE ABATEMENT ACT, 1960

Eighteen complaints have been received and 465 visits were made in connection with investigations. The type of complaint has varied from the noise of a small refrigerator fan to the noise emitted from a factory producing large pressure vessels who from time to time work at night.

One type of complaint that has come to the fore this year is the noise created by pop group musicians playing in public houses. This form of attraction is on the increase and certainly brings the young into the public houses. Unfortunately the majority of assembly rooms and bars in which they play were not designed with a view to containing the level of noise produced by the groups. In the majority of cases the co-operation of the firms concerned has been obtained in reducing the noise to a reasonable level. It has not been necessary this year for the Council to serve any statutory notices to secure the abatement of a noise nuisance.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

It was decided during the year to attempt a general inspection of the whole of the premises registered, and also for visits to be made to shops, offices and other premises which, though not registered, could be so subject.

I am glad to be able to report that the work was in fact completed during the year, and as a consequence of the considerable amount of time put in under this Act 575 notices were served and 128 complied with. The figure of notices complied with may appear to be rather low in relation to the number served, but having regard to the prior need to carry out a general inspection, it was not possible to make re-visits in all cases to determine whether notices served had, in fact, been complied with. It is hoped that in the report for 1969 the number of premises which comply with the Act will be considerably greater.

REGISTRATION AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>No. of premises registered during the year</i>	<i>Number of registered premises at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
Offices	76	286	286
Retail shops	98	807	807
Wholesale shops, warehouses	11	51	51
Catering establishments open to the public, canteens	9	295	295
Fuel storage depots ...	—	5	5
Totals	194	1,444	1,444

Total number of visits of all kinds by Inspectors to registered premises under the Act.....2022.

Number of contraventions found

Section 4—Cleanliness	...	...	...	...	84
Section 5—Overcrowding	...	...	...	...	4
Section 6—Temperature	...	...	...	...	212
Section 7—Ventilation	...	...	...	...	39
Section 8—Lighting	...	...	...	...	38
Section 9—Sanitary conveniences	...	...	...	...	217
Section 10—Washing facilities	...	...	...	...	121
Section 11—Supply of drinking water	...	...	...	...	Nil
Section 12—Clothing accommodation	...	...	...	...	3
Section 13—Sitting facilities	...	...	...	...	6
Section 14—Seats—(Sedentary workers)	...	...	...	...	Nil
Section 15—Eating facilities	...	...	...	...	10
Section 16—Floors, passages and stairs	...	...	...	...	271
Section 17—Fencing — exposed parts machinery	...	...	...	...	22
Section 18—Protection of young persons from dangerous machinery	...	...	...	...	Nil
Section 19—Training of young persons working at dangerous machinery	...	...	...	...	Nil
Section 23—Prohibition of heavy work	...	...	...	...	Nil
Section 24—First Aid	...	...	...	...	195
Other matters	...	...	...	...	312
			Total	...	1,534

Reported accidents

Workplace	Number reported		Total number investigated	Action recommended			
	Fatal	Non-fatal		Prosecution	Formal warning	In-formal advice	No action
Offices ...	—	14	1	—	—	2	2
Retail shops ...	—	16	9	2	3	2	7
Wholesale shops, warehouses ...	—	4	1	—	—	—	—
Catering establishments open to public, canteens ...	—	8	2	—	—	—	—
Fuel storage depots	—	1	—	—	—	—	—
Total	—	33	13	2	3	4	9

Analysis of reported accidents

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public, canteens	Fuel storage depots
Machinery ...	—	1	1	—	1
Transport ...	—	1	1	—	—
Falls of persons ...	3	7	—	3	—
Stepping on or striking against object or person ...	—	—	1	1	—
Handling goods ...	—	4	1	1	—
Struck by falling object ...	—	3	—	2	—
Fires and explosions	—	—	—	—	—
Electricity ...	—	—	—	—	—
Use of hand tools ...	—	—	—	—	—
Not otherwise specified ...	1	—	—	1	—

**CARAVAN SITES AND CONTROL OF DEVELOPMENT
ACT, 1960**

Privately
owned sites
Residential

Number of site licences operating as at 31st December, 1968—

(a) individual	...	...	...	...	10
(b) multiple (more than 3)	...	...	...	...	3
Total number of caravans	...	...	...	...	175
Number of prosecutions — Section 1 (i.e. unauthorised sites)	...	...	...	...	—
Number of appeals to courts against site licence conditions	...	...	...	...	—
In respect of separate licence conditions — the number of —					
(a) variations	...	...	...	...	—
(b) cancellations	...	...	...	...	—
Number of contraventions — Section 9—					
(a) remedied informally	...	...	...	...	—
(b) prosecutions	...	...	...	...	—
(c) convictions	...	...	...	...	—
Number of sites made subject to conditions for reducing caravans during the year	...	...	...	...	—
Number of sites made subject to Section 20 (termination of use of existing site)	...	...	...	...	—

MISCELLANEOUS

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 36

PHARMACY AND POISONS ACT

Two applications for entry on the poisons list were made.

PET ANIMALS ACT, 1951

Eleven premises are licensed under this enactment.

DISEASE OF ANIMALS ACTS

Restrictions on the movement of livestock as a consequence of the Foot and Mouth outbreak were not removed until April, 1968.

HAIRDRESSERS

62 inspections of hairdressers premises were carried out during the year.

FERTILISERS AND FEEDING STUFFS ACT, 1926

29 formal samples of fertilisers and feeding stuffs have been taken and were reported upon by the Public Analyst as follows—

Genuine ...	...	...	...	...	27
Unsatisfactory	...	...	...	...	2

The discrepancies in the unsatisfactory samples were marginal and no legal action was taken. In each case the manufacturers were informed in order that processes, blending, storage, etc., could be re-checked.

SWIMMING BATHS

Within the County Borough are three Public Swimming Baths controlled by the local Authority and one privately owned outdoor swimming pool. There are also 9 school swimming baths. They are all regularly visited for the purpose of estimating clarity and testing for Ph value and chlorine content. Regular sampling for bacteriological examination takes place and the table below gives the result of these examinations.

No. of samples taken	B.Coli		B.Coli Type 1		Total Count		
	Absent	Present	Absent	Present	Nil-10	10-100	100+
147	147	—	145	—	121	17	8
ONE SAMPLE DECLARED NULL AND VOID							

Out of the 147 samples taken, 17 were not entirely satisfactory and 8 were unsatisfactory. Invariably lack of chlorine in the water was the cause.

